AND SELLEMENT	SUMMARY		
7110 021122112111		To 12/31/2016 Date/Time Prepare	
		2/27/2017 9:56 am	n
PART I - COST	REPORT STATUS		
Provi der	1. [ X ] Electronically filed cost report	Date: 2/27/2017 Time: 9:56	arr
use only	2. [ ] Manually submitted cost report		
	3. [ 0 ] If this is an amended report enter the number 4. [ F ] Medicare Utilization. Enter "F" for full or "L" $^{\circ}$		
Contractor use only	5. [ 1 ]Cost Report Status 6. Date Received: (1) As Submitted 7. Contractor No. (2) Settled without Audit 8. [ N ] Initial Report fo (3) Settled with Audit 9. [ N ] Final Report for (4) Reopened (5) Amended	10. NPR Date: 11. Contractor's Vendor Code: 12. [ 0 ]If line 5, column 1 is 4: Enter 15. r this Provider CCN number of times reopened = 0-9.	

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. (15-0074) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Si gned)	
Officer or Administrator of Provi	der(s)
Ti tl e	

Date

			Title	Title XVIII			
	Cost Center Description		Part A	Part B	HIT	Title XIX	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-263, 574	42, 403	0	0	1.00
2.00	Subprovi der - IPF	0	0	0		0	2.00
3.00	Subprovi der - I RF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11. 00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-263, 574	42, 403	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1500 NORTH RITTER AVENUE 1.00 PO Box: 1.00 State: IN 2.00 City: INDIANAPOLIS Zip Code: 46219 County: MARION 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, O, or N)

XVIII XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 COMMUNITY HOSPITAL OF 150074 26900 1 07/01/1966 Ν 3.00 NDI ANA, INC. Subprovider - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7.00 7 00 8.00 Swing Beds - NF 8.00 9.00 Hospi tal -Based SNF 9.00 Hospi tal -Based NF 10.00 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA 12.00 13.00 Separately Certified ASC 13.00 Hospi tal -Based Hospi ce 14.00 14.00 Hospital-Based Health Clinic - RHC 15.00 15 00 Hospital -Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2016 12/31/2016 20.00 21.00 Type of Control (see instructions) 21.00 2 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate 22.00 Υ N 22.00 share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Did this hospital receive interim uncompensated care payments for this cost reporting Υ Υ 22.01 period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 | Is this a newly merged hospital that requires final uncompensated care payments to be Ν Ν 22.02 determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter "Y" for yes or "N" for no, for the portion of the cost reporting period on in column 2. or after October 1 22.03 Did this hospital receive a geographic reclassification from urban to rural as a result N N 22 03 of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 23.00 3 Ν 23 00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method enter "Y" "N" fo<u>r no</u>. used in the prior cost reporting period? In column 2 for yes or In-State Out-of Medi cai d Other In-State Out-of Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days pai d days unpai d el i gi bl e unpai d davs 1.00 2.00 3. 00 4.00 5. 00 6.00 51 24.00 If this provider is an IPPS hospital, enter the 2.036 1, 768 21, 675 33 24.00 in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2. out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state 0 0 0 0 0 25.00 Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.

	column 1. (see instructions)					
61. 01	Enter the average number of unweighted primary care	25. 63	26. 26	5		61. 01
	FTEs from the hospital's 3 most recent cost reports					
	ending and submitted before March 23, 2010. (see					
	instructions)					
61. 02	Enter the current year total unweighted primary care	33. 76	33. 76	5		61. 02
	FTE count (excluding OB/GYN, general surgery FTEs,					
	and primary care FTEs added under section 5503 of					
	ACA). (see instructions)					
61. 03	Enter the base line FTE count for primary care	25. 33	26. 14	4		61. 03
	and/or general surgery residents, which is used for					
	determining compliance with the 75% test. (see					
41 04	instructions)  Enter the number of unweighted primary care/or	33. 76	33. 70	_		61. 04
01.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the	33.70	SS. 70			61.04
	current cost reporting period. (see instructions).					
61 05	Enter the difference between the baseline primary	8. 43	7. 62			61. 05
01.00	and/or general surgery FTEs and the current year's	0. 19	7.02			01.00
	primary care and/or general surgery FTE counts (line					
	61.04 minus line 61.03). (see instructions)					
		'		•	•	

	n Financial Systems TAL AND HOSPITAL HEALTH CARE COMP			OF INDIANA, I		In Lie Period:	u of Form CMS-: Worksheet S-2	
ЭГ	TAL AND HOSPITAL HEALTH CARE COMPT	LEX TUENTITIES TON UP	NIA.	Frovider		From 01/01/2016 To 12/31/2016	Part I	pared:
			Y/N	IME	Direct GME	I ME	Direct GME	
			1. 00	2. 00	3. 00	4.00	5. 00	
1. 06	Enter the amount of ACA §5503 aw used for cap relief and/or FTEs care or general surgery. (see in	that are nonprimary		2. 8				61.0
			Pri	ogram Name	Program Code	Property of the second	Unweighted Direct GME FTE Count	
	loc 11 575 1 11 (1 05			1. 00	2. 00	3.00	4. 00	61. 10
1. 20	10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.  20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			MEDI CI NE	1350	5. 60	4. 79	61. 20
							1. 00	
2 00	ACA Provisions Affecting the Hea Enter the number of FTE resident					riod for which	0.00	62. 0
	your hospital received HRSA PCRE Enter the number of FTE resident during in this cost reporting pe	funding (see instructions s that rotated from a riod of HRSA THC pro	ctions) a Teachi gram. (s	ng Health Cer see instruction	nter (THC) int			62.0
3. 00	Teaching Hospitals that Claim Re Has your facility trained reside "Y" for yes or "N" for no in col	nts in nonprovider se	ettings	during this d			Y	63. 00
	To yes of N To he th con	unit t. II yes, compte	310 1111	23 01 07. (300	Unwei ghted	Unwei ghted	Ratio (col. 1/	,
					FTEs Nonprovi der Si te	FTEs in Hospital	(col. 1 + col. 2))	
					1. 00	2.00	3.00	
					-This base yea	r is your cost r	reporting	
4. 00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider SettingsThis base year is your cost report period that begins on or after July 1, 2009 and before June 30, 2010.  OU Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0. 049708	64.0	
		Program Name		ogram Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	I	1. 00		2. 00	3. 00	4.00	5. 00	
5. 00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained	FAMILY MEDICINE	1350		3.4	92 25. 07 	0. 135219	65.00

rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)

N

Ν

94.00

applicable column.

94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the

Health Financial Systems COMMUNITY HOSPITAL	OF INDIANA, I	NC.	In Li	eu of Form Cl	MS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der (	CCN: 15-0074	Peri od: From 01/01/201 To 12/31/201	6 Date/Time	Prepared:
			V	2/27/2017	9:44 am
			1. 00	2. 00	
95.00 If line 94 is "Y", enter the reduction percentage in the ap 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yeapplicable column.			0. 00 N	0. 00 N	95. 00 96. 00
97.00 If line 96 is "Y", enter the reduction percentage in the ap	plicable colu	mn.	0.00	0.00	97. 00
105.00 Does this hospital qualify as a critical access hospital (C. 106.00 If this facility qualifies as a CAH, has it elected the all for outpatient services? (see instructions)		thod of paymen	t N		105. 00 106. 00
107.00 If this facility qualifies as a CAH, is it eligible for cos training programs? Enter "Y" for yes or "N" for no in colum yes, the GME elimination is not made on Wkst. B, Pt. I, col reimbursed. If yes complete Wkst. D-2, Pt. II.	n 1. (see ins	tructions) If	t		107. 00
108.00 s this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.				Dani sata	108. 00
	Physi cal 1.00	Occupati ona 2.00	Speech 3.00	Respirator	ry
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N N	N N	N N	109. 00
				1.00	
110.00 Did this hospital participate in the Rural Community Hospit the current cost reporting period? Enter "Y" for yes or "N"		ion project (4	10A Demo)for	N	110. 00
Miscellaneous Cost Reporting Information			1.	00 2.00 3.	00
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o is yes, enter the method used (A, B, or E only) in column 2 3 either "93" percent for short term hospital or "98" perce psychiatric, rehabilitation and long term hospitals provide	. If column 2 nt for long to	is "E", enter erm care (incl	in column udes	N C	115. 00
Pub.15-1, chapter 22, §2208.1.  116.00 s this facility classified as a referral center? Enter "Y"  117.00 s this facility legally-required to carry malpractice insuno.				N Y	116. 00 117. 00
118.00 Is the malpractice insurance a claims-made or occurrence po claim-made. Enter 2 if the policy is occurrence.	licy? Enter 1	if the policy	is	1	118. 00
		Premi ums	Losses	Insurance	9
		1. 00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:		1, 320, 5	57	0	0 118. 01
			1.00	2.00	
118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting schemand amounts contained therein.			1.00 N	2.00	118. 02
119.00D0 NOT USE THIS LINE 120.00 s this a SCH or EACH that qualifies for the Outpatient Hole §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendments in actions 20 "N" for the property of th	n column 1, "' ualifies for	Y" for yes or the Outpatient		N	119.00
Enter in column 2, "Y" for yes or "N" for no.  121.00 Did this facility incur and report costs for high cost implements? Enter "Y" for yes or "N" for no.	antable devic	es charged to	Y		121. 00
122.00 Does the cost report contain state health or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 to where these taxes are included.			N		122. 00
Transplant Center Information  125.00 Does this facility operate a transplant center? Enter "Y" for	or ves and "N	" for no If	N		125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 f this is a Medicare certified kidney transplant center, e	nter the cert				126. 00
in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, en	ter the certi	fication date			127. 00
in column 1 and termination date, if applicable, in column 1 128.00 If this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column 1	ter the certi	fication date			128. 00
129.00 If this is a Medicare certified lung transplant center, ent- column 1 and termination date, if applicable, in column 2.	er the certif		n		129. 00
130.00 of this is a Medicare certified pancreas transplant center, date in column 1 and termination date, if applicable, in column 131.00 ft this is a Medicare certified intestinal transplant center.	lumn 2.				130. 00
131.00 f this is a Medicare certified intestinal transplant cente date in column 1 and termination date, if applicable, in co 132.00 f this is a Medicare certified islet transplant center, en	lumn 2.				131.00
in column 1 and termination date, if applicable, in column	2.				

Health Financial Systems COMMUNITY HOSPITAL OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	OF INDIANA, IN		Peri od:		u of Form CMS Worksheet S	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CC	IN. 15-0074	From O	1/01/2016 2/31/2016	Part I Date/Time Pi 2/27/2017 9:	repared:
				1.00	2.00	
133.00  If this is a Medicare certified other transplant center, ent in column 1 and termination date, if applicable, in column 2		cation date		1. 00	2. 00	133. 00
134.00 If this is an organ procurement organization (0P0), enter the and termination date, if applicable, in column 2.		n column 1				134. 00
All Providers  140.00 Are there any related organization or home office costs as d chapter 10? Enter "Y" for yes or "N" for no in column 1. If are claimed, enter in column 2 the home office chain number.	yes, and home	office cost	S	Υ	HB0720	140. 00
1.00 2.00		142 +		3.00	-6 +1	
If this facility is part of a chain organization, enter on I home office and enter the home office contractor name and co			name and	a address	or the	
141.00 Name: COMMUNITY HEALTH NETWORK Contractor's Name: WIS			tor's Nu	mber: 0810	1	141. 00 142. 00
143.00 City: INDIANAPOLIS State: IN		Zi p Cod	e:	4621	9-3095	143. 00
					1. 00	-
144.00 Are provider based physicians' costs included in Worksheet A	<b>\?</b>				Y	144. 00
				1. 00	2. 00	_
145.00 If costs for renal services are claimed on Wkst. A, line 74,	are the costs	for		Υ Υ	2.00	145. 00
inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2.						
146.00 Has the cost allocation methodology changed from the previou Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 1 yes, enter the approval date (mm/dd/yyyy) in column 2.			f	N		146. 00
					1. 00	
147.00Was there a change in the statistical basis? Enter "Y" for y	es or "N" for	no.			N N	147. 00
148.00 Was there a change in the order of allocation? Enter "Y" for	yes or "N" fo	or no.			N	148. 00
149.00 Was there a change to the simplified cost finding method? En	rter "Y" for ye Part A	es or "N" fo Part B		itle V	N Title XIX	149. 00
	1. 00	2.00		3. 00	4. 00	
Does this facility contain a provider that qualifies for an or charges? Enter "Y" for yes or "N" for no for each compone						
155. 00 Hospi tal	N N	N N	(300 42	N 3413	N N	155. 00
156. 00 Subprovi der - I PF	N	N		N	N	156. 00
157. 00 Subprovi der - I RF 158. 00 SUBPROVI DER	N	N N		N	N	157. 00 158. 00
159. 00 SNF	N	N		N	N	159. 00
160.00 HOME HEALTH AGENCY	N	N		N	N	160.00
161. 00 CMHC		N		N	N	161. 00
					1. 00	
Multicampus 165.00 Is this hospital part of a Multicampus hospital that has one	e or more campu	uses in diff	erent CB	SAs?	N	165. 00
Enter "Y" for yes or "N" for no. Name	County	State Z	ip Code	CBSA	FTE/Campus	
0	1. 00	2. 00	3. 00	4. 00	5. 00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0. (	00 166. 00
					1. 00	
Health Information Technology (HIT) incentive in the America			ent Act		Υ	167. 00
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y 168.00 If this provider is a CAH (line 105 is "Y") and is a meaning reasonable cost incurred for the HIT assets (see instruction	ıful user (line		), enter	the	Y	0168.00
168.01 If this provider is a CAH and is not a meaningful user, does exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N"	this provider for no. (see i	nstructions	)	•		168. 01
169.00  f this provider is a meaningful user (line 167 is "Y") and transition factor. (see instructions)	ıs not a CAH (	(IIne 105 is	"N"), e	nter the	9.	99169. 00

Health Financial Systems	COMMUNITY HOSPITAL O	F INDIANA, INC.	In Lieu of Form CMS-25				
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provider CCN: 15-0074	Peri od:	eriod: Worksheet S-2			
			To 12/31/2016	Date/Time Pre 2/27/2017 9:4			
			Begi nni ng	Endi ng			
			1. 00	2.00			
170.00 Enter in columns 1 and 2 the EHR be period respectively (mm/dd/yyyy)	01/01/2015	12/31/2015	170. 00				
			1. 00	2.00	1		
171.00 If line 167 is "Y", does this provi	N	0	171. 00				
section 1876 Medicare cost plans re							
"Y" for yes and "N" for no in colur	nn 1. If column 1 is yes, e	enter the number of secti	on				
1876 Medicare days in column 2. (se	ee instructions)						

leal th	Financial Systems COMMUNITY HOSPITAL OF IN				u of Form CMS-	
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Pr	ovider C	CN: 15-0074	Peri od: From 01/01/2016 To 12/31/2016	Date/Time Pro	epared:
				Y/N	2/27/2017 9:4 Date	44 alli
				1, 00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for a	all NO re	sponses. Ente	er all dates in t		
	mm/dd/yyyy format.					
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation  Has the provider changed ownership immediately prior to the begin	nina of	the cost	N N		1 1 00
1.00	reporting period? If yes, enter the date of the change in column			N	1	1.00
	Treporting period: 11 yes, enter the date of the change in corumn	2. (366	Y/N	Date	V/I	
			1.00	2. 00	3. 00	
2. 00	Has the provider terminated participation in the Medicare Program	n? If	N			2.00
	yes, enter in column 2 the date of termination and in column 3, "voluntary or "I" for involuntary.				ı	
3. 00	Is the provider involved in business transactions, including mana contracts, with individuals or entities (e.g., chain home offices or medical supply companies) that are related to the provider or	s, drug	Υ		ı	3. 00
	officers, medical staff, management personnel, or members of the of directors through ownership, control, or family and other similarlationships? (see instructions)	board I ar			ı	
	Trenditionships: (See Tristi detrons)		Y/N	Туре	Date	
			1.00	2. 00	3. 00	
	Financial Data and Reports					
1. 00	Column 1: Were the financial statements prepared by a Certified Accountant? Column 2: If yes, enter "A" for Audited, "C" for Conor "R" for Reviewed. Submit complete copy or enter date available column 3. (see instructions) If no, see instructions.	npiled,	Y	A	l	4. 00
5. 00	Are the cost report total expenses and total revenues different f those on the filed financial statements? If yes, submit reconcili		Y		ı	5. 00
	,			Y/N	Legal Oper.	
				1. 00	2.00	
	Approved Educational Activities					
5. 00	Column 1: Are costs claimed for nursing school? Column 2: If ye the legal operator of the program?	es, is th	e provider is	s N	ı	6. 00
7. 00	Are costs claimed for Allied Health Programs? If "Y" see instruct	tions		Υ	1	7. 00
3. 00	Were nursing school and/or allied health programs approved and/or		during the	N N	ı	8. 00
	cost reporting period? If yes, see instructions.		G		1	
9. 00	Are costs claimed for Interns and Residents in an approved gradua	ate medic	al education	Υ	ı	9. 00
10. 00	program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or rene cost reporting period? If yes, see instructions.	ewed in t	he current	Υ	ı	10. 00
11. 00	Are GME cost directly assigned to cost centers other than I & R i Teaching Program on Worksheet A? If yes, see instructions.	n an App	roved	N	ı	11. 00
					Y/N	
					1.00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes, see If line 12 is yes, did the provider's bad debt collection policy			ost reporting	Y N	12. 00 13. 00
4. 00	period? If yes, submit copy.  If line 12 is yes, were patient deductibles and/or co-payments wa Bed Complement	aived? If	yes, see in	structi ons.	N	14. 00
		ciod2 Lf	ves see ins	tructions	N	15. 00
15. 00	Did total beds available change from the prior cost reporting per	TOU: II				
15. 00	Did total beds available change from the prior cost reporting per		t A		t B	
15. 00						

N

Ν

Ν

02/23/2017

16.00

17.00

18.00

19. 00

02/23/2017

N

Ν

Ν

16.00 Was the cost report prepared using the PS&R Report only?

17.00 Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If

18.00 | If line 16 or 17 is yes, were adjustments made to PS&R

in columns 2 and 4. (see instructions)

instructions)

19.00

If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4  $\mbox{(see}$ 

either column 1 or 3 is yes, enter the paid-through date

Report data for additional claims that have been billed but are not included on the PS&R Report used to file this

cost report? If yes, see instructions.

If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.

Heal th	Financial Systems COMMUNITY HOSPITAL	OF INDIANA. II	NC.	In Lie	u of Form CM	S-2552-10	
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 15-0074	Peri od: From 01/01/2016 To 12/31/2016	Worksheet S Part II	repared:	
			i pti on	Y/N	Y/N		
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R		0	1. 00 N	3. 00 N	20.00	
20.00	Report data for Other? Describe the other adjustments:			IV.	14	20.00	
		Y/N	Date	Y/N	Date		
21. 00	Was the cost report prepared only using the provider's	1. 00 N	2.00	3. 00 N	4. 00	21. 00	
21.00	records? If yes, see instructions.	IV.		111		21.00	
					1. 00		
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	PT CHILDRENS F	10SPI TALS)				
22. 00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see	e instructions				22, 00	
23. 00	Have changes occurred in the Medicare depreciation expense		sals made duri	ing the cost		23. 00	
	reporting period? If yes, see instructions.						
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions	J	·			24. 00	
25. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	rting period?	If yes, see		25. 00	
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	ne cost reporti	ng period? I	f yes, see		26. 00	
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	ng period? If	yes, submit		27. 00	
28. 00	Interest Expense Were new loans, mortgage agreements or letters of credit er	stered into dur	ring the cost	reporting		28. 00	
29. 00	period? If yes, see instructions.  Did the provider have a funded depreciation account and/or					29. 00	
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu	ructions		,		30.00	
30. 00	instructions.	arrey wren new	debt: 11 yes	, 300		30.00	
31. 00	Has debt been recalled before scheduled maturity without is instructions.	ssuance of new	debt? If yes	, see		31. 00	
32. 00			ed through co	ntractual		32. 00	
33. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	uctions. Dlied pertainir	ng to competi	tive bidding? If		33. 00	
	Provi der-Based Physi ci ans						
34. 00	Are services furnished at the provider facility under an ar	rangement with	n provi der-ba	sed physi ci ans?		34. 00	
35. 00	If yes, see instructions.  If line 34 is yes, were there new agreements or amended eximple the second of the secon		nts with the	provi der-based		35. 00	
	physicians during the cost reporting period? If yes, see in	ISTRUCTIONS.		Y/N	Date		
				1. 00	2. 00		
27.00	Home Office Costs					2/ 00	
36. 00 37. 00	If line 36 is yes, has a home office cost statement been pr	repared by the	home office?			36. 00 37. 00	
38. 00						38. 00	
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other			,		39. 00	
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see			40. 00	
	i nstructi ons.						
		1.	00	2.	00		
	Cost Report Preparer Contact Information	loui pi si		4			
41. 00	held by the cost report preparer in columns 1, 2, and 3,	SHI RLEY		BI SHOP		41.00	
42. 00	respectively. Enter the employer/company name of the cost report preparer.	COMMUNITY HEAL	TH NETWORK			42. 00	
43. 00		317-355-4135		SBI SHOP@ECOMMUI	NITY. COM	43. 00	

Health Financial Systems	COMMUNITY HOSPITAL	OF I	NDI ANA, I	NC.			In Lie	u of Form C	MS-2	552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEME	NT QUESTI ONNAI RE	Р	rovi der (	CCN: 1		Peri od:		Worksheet	S-2	
							1/01/2016 2/31/2016		Pren	ared·
						10 12	.7 3 17 20 10	2/27/2017		
			3	3. 00						
Cost Report Preparer Contact Information	n									
41.00 Enter the first name, last name and the		NETWO	RK DIREC	TOR C	)F					41.00
held by the cost report preparer in col	umns 1, 2, and 3,	REIMB	URSEMENT	•						
respecti vel y.										
42.00 Enter the employer/company name of the	cost report									42.00
preparer.										
43.00 Enter the telephone number and email ad	dress of the cost									43.00
report preparer in columns 1 and 2, res	specti vel y.									

Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC.
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN:

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 01/01/2016 Part I
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

					'		2/27/2017 9: 44	4 am
	·						I/P Days / O/P	
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
		Line Number			Avai I abl e			
		1. 00		2. 00	3.00	4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		264	96, 360		0	1. 00
	8 exclude Swing Bed, Observation Bed and							
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)							2.00
3.00	HMO IPF Subprovider							3.00
4.00	HMO IRF Subprovider							4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						l ol	5.00
6.00	Hospital Adults & Peds. Swing Bed NF						ol	6.00
7.00	Total Adults and Peds. (exclude observation			264	96, 360	0.00	l ol	7.00
	beds) (see instructions)							
8.00	INTENSIVE CARE UNIT	31. 00		28	10, 220	0.00	ol	8.00
9.00	CORONARY CARE UNIT	32. 00		23		0.00	l ol	9. 00
10.00	BURN INTENSIVE CARE UNIT							10.00
11. 00	SURGICAL INTENSIVE CARE UNIT							11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)							12. 00
13. 00	NURSERY	43. 00					o	13. 00
14. 00	Total (see instructions)			315	114, 975	0.00	l .	14. 00
15. 00	CAH visits			0.0	1, ,,,	0.00	ام	15. 00
16. 00	SUBPROVI DER - I PF						Ĭ	16. 00
17. 00	SUBPROVIDER - IRF							17. 00
18. 00	SUBPROVI DER							18. 00
19. 00	SKILLED NURSING FACILITY							19. 00
20. 00	NURSING FACILITY							20.00
21. 00	OTHER LONG TERM CARE							21. 00
22. 00	HOME HEALTH AGENCY							22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )							23. 00
24. 00	HOSPI CE							24. 00
24. 10	HOSPICE (non-distinct part)	30. 00						24. 10
25. 00	CMHC - CMHC	55. 55						25. 00
26. 00	RURAL HEALTH CLINIC	88. 00					0	26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00					ا	26. 25
27. 00	Total (sum of lines 14-26)	07.00		315			Ĭ	27. 00
28. 00	Observation Bed Days			313			0	28. 00
29. 00	Ambul ance Tri ps						١	29. 00
30. 00	Employee discount days (see instruction)							30.00
31. 00	Employee discount days (see Fristraction)							31. 00
32. 00	Labor & delivery days (see instructions)			0				32. 00
32. 00	Total ancillary labor & delivery room			U	1	<u>'</u>		32. 00 32. 01
32.01	outpatient days (see instructions)							32.01
33 UU	LTCH non-covered days							33. 00
33.00	LIGHT HOH-COVELED Days		I		I	I	ı l	33.00

33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

outpatient days (see instructions)

33.00 LTCH non-covered days

Provider CCN: 15-0074

Peri od: Worksheet S-3 From 01/01/2016 Part I To 12/31/2016 Date/Time Prepared:

2/27/2017 9:44 am Full Time Equivalents I/P Days / O/P Visits / Trips Title XVIII Component Title XIX Total All Total Interns Employees On Pati ents & Residents Payrol I 6.00 10.00 7.00 8.00 9.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 18, 395 3, 408 58, 129 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2 00 HMO and other (see instructions) 2 00 8.632 20, 274 3.00 HMO IPF Subprovider 3.00 HMO IRF Subprovider 4.00 0 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 0 0 5.00 Hospital Adults & Peds. Swing Bed NF 6.00 C 0 6.00 7.00 Total Adults and Peds. (exclude observation 18, 395 3, 408 58, 129 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 2, 373 6, 351 8.00 CORONARY CARE UNIT 9.00 6, 213 2, 180 9.00 10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 1.850 3, 787 13.00 14.00 Total (see instructions) 22, 948 5, 258 74, 480 38.87 2,509.56 14.00 CAH visits 15.00 15.00 SUBPROVIDER - IPF 16.00 16.00 SUBPROVIDER - IRF 17.00 17.00 18.00 SUBPROVI DER 18.00 19.00 SKILLED NURSING FACILITY 19.00 20 00 NURSING FACILITY 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 23.00 HOSPI CE 24 00 24 00 24. 10 HOSPICE (non-distinct part) 0 311 24. 10 25. 00 CMHC - CMHC 25.00 26.00 RURAL HEALTH CLINIC 0 0.00 0.00 26, 00 0.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0.00 26.25 C 0 26.25 27.00 Total (sum of lines 14-26) 38.87 2,509.56 27.00 28.00 Observation Bed Days 1,910 5,654 28.00 29.00 29.00 Ambul ance Trips 0 519 30.00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 Labor & delivery days (see instructions) 33 315 32.00 32.00 0 Total ancillary labor & delivery room 32.01 0 32.01

33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Peri od: Worksheet S-3 From 01/01/2016 Part I To 12/31/2016 Date/Time Prepared:

2/27/2017 9:44 am Full Time Di scharges Equi val ents Title V Title XVIII Total All Component Nonpai d Title XIX Workers Pati ents 12.00 13.00 11.00 14.00 15.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 5, 029 1, 014 16, 241 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2 00 HMO and other (see instructions) 1,813 2 00 3, 624 3.00 HMO IPF Subprovider 3.00 HMO IRF Subprovider 4.00 0 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 5.00 Hospital Adults & Peds. Swing Bed NF 6.00 6.00 7.00 Total Adults and Peds. (exclude observation 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 8.00 CORONARY CARE UNIT 9.00 9.00 BURN INTENSIVE CARE UNIT 10.00 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 13.00 14.00 Total (see instructions) 0.00 0 5, 029 1, 014 16, 241 14.00 CAH visits 15.00 15.00 SUBPROVIDER - IPF 16.00 16.00 SUBPROVIDER - IRF 17.00 17.00 18.00 SUBPROVI DER 18.00 19.00 SKILLED NURSING FACILITY 19.00 20 00 NURSING FACILITY 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 23.00 HOSPI CE 24.00 24 00 HOSPICE (non-distinct part) 24. 10 24. 10 25. 00 CMHC - CMHC 25.00 26.00 RURAL HEALTH CLINIC 0.00 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26, 25 0.00 27.00 Total (sum of lines 14-26) 0.00 27.00 28.00 Observation Bed Days 28.00 29.00 29.00 Ambul ance Trips 30 00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 32.00 Labor & delivery days (see instructions) 32.00 Total ancillary labor & delivery room 32.01 32.01 outpatient days (see instructions)

33.00 LTCH non-covered days

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION

In Lieu of Form CMS-2552-10

Period: Worksheet S-3

From 01/01/2016 Part II

To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

				_		12/31/2010	2/27/2017 9:4	
		Worksheet A		Reclassi fi cati	Adjusted		Average Hourly	
		Line Number	Reported	on of Salaries (from	Sal ari es (col . 2 ± col .	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
				Worksheet A-6)	3)	col . 4	601. 0)	
		1.00	2.00	3. 00	4. 00	5. 00	6. 00	
	PART II - WAGE DATA							1
1.00	SALARIES Total salaries (see	200. 00	160, 401, 575	-811, 108	159, 590, 467	5, 219, 891. 00	30. 57	1.00
1.00	instructions)	200.00	100, 101, 070	011,100	107, 070, 107	0,217,071.00	00.07	1.00
2.00	Non-physician anesthetist Part		0	0	0	0. 00	0. 00	2. 00
3.00	A Non-physician anesthetist Part		0	0	0	0.00	0. 00	3.00
3.00	B		O			0.00	0.00	3.00
4.00	Physician-Part A -		792, 045	0	792, 045	6, 336. 00	125. 01	4. 00
4. 01	Administrative Physicians - Part A - Teaching		663, 084	0	663, 084	6, 762. 00	98. 06	4. 01
5. 00	Physician and Non		4, 018, 878			·	55. 82	
	Physician-Part B							
6. 00	Non-physician-Part B for		0	0	0	0. 00	0. 00	6. 00
	hospital-based RHC and FQHC services							
7.00	Interns & residents (in an	21. 00	0	3, 105, 665	3, 105, 665	106, 933. 00	29. 04	7. 00
7 01	approved program)		0			0.00	0.00	7 01
7. 01	Contracted interns and residents (in an approved		Ü	0	٥	0. 00	0. 00	7. 01
	programs)							
8. 00	Home office and/or related		0	0	0	0. 00	0. 00	8. 00
9. 00	organization personnel SNF	44. 00	0	0	0	0.00	0. 00	9.00
10.00	Excluded area salaries (see	11.00	3, 941, 813	232, 993	4, 174, 806	182, 186. 00	22. 92	
	instructions)							1
11. 00	OTHER WAGES & RELATED COSTS  Contract labor: Direct Patient		1, 968, 802	0	1, 968, 802	18, 573. 00	106. 00	11. 00
11.00	Care		1, 700, 002		1, 700, 002	10, 373.00	100.00	11.00
12. 00	Contract Labor: Top Level		1, 495, 648	0	1, 495, 648	13, 061. 00	114. 51	12. 00
	management and other management and administrative							
	servi ces							
13. 00	Contract Labor: Physician-Part		4, 205, 240	0	4, 205, 240	26, 473. 00	158. 85	13. 00
14. 00	A - Administrative Home office and/or related		0	0	0	0.00	0.00	14. 00
14.00	orgainzation salaries and		Ü			0.00	0.00	14.00
	wage-related costs							
14. 01 14. 02	Home office salaries Related organization salaries		47, 243, 560 0		47, 243, 560	1, 130, 606. 00 0. 00		14. 01 14. 02
15. 00	Home office: Physician Part A		0		0	0.00	0.00	1
	- Administrative			_				
16. 00	Home office and Contract		0	0	0	0. 00	0. 00	16. 00
	Physicians Part A - Teaching WAGE-RELATED COSTS							1
17. 00	Wage-related costs (core) (see		198, 231, 230	0	198, 231, 230			17. 00
10.00	instructions)		0					10.00
18. 00	Wage-related costs (other) (see instructions)		0	0	0			18. 00
19. 00	Excluded areas		7, 354, 276	0	7, 354, 276			19. 00
20. 00	Non-physician anesthetist Part		0	0	0			20.00
21. 00	Non-physician anesthetist Part		Ω	0	n			21.00
	В		0					
22. 00	Physician Part A -		271, 592	0	271, 592			22. 00
22. 01	Administrative Physician Part A - Teaching		289, 852	0	289, 852			22. 01
23. 00	Physician Part B		3, 079, 290		3, 079, 290			23. 00
24. 00	Wage-related costs (RHC/FQHC)		0	0	0			24. 00
25. 00	Interns & residents (in an approved program)		684, 298	0	684, 298			25. 00
25. 50	Home office wage-related		742, 081	o	742, 081			25. 50
25. 51	Related orgainzation		0	0	0			25. 51
25 52	wage-related		^					25 52
25. 52	Home office: Physician Part A - Administrative -		0	0				25. 52
	wage-rel ated							
25. 53	Home office & Contract		0	0	0			25. 53
	Physicians Part A - Teaching - wage-related							
	OVERHEAD COSTS - DIRECT SALARIE	S						1
26. 00	Employee Benefits Department	4. 00	463, 028			·		26. 00
27. 00	Administrative & General	5. 00	9, 761, 580	-9, 151	9, 752, 429	283, 465. 00	34. 40	27. 00

In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 01/01/2016 Part II
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

							2/27/2017 9: 44	4 am
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col . 5)	
				Worksheet A-6)		col. 4		
		1. 00	2.00	3. 00	4. 00	5. 00	6. 00	
28. 00	Administrative & General under		17, 626, 167	0	17, 626, 167	190, 845. 00	92. 36	28.00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	0	0	0	0.00		29. 00
30.00	Operation of Plant	7. 00	2, 544, 066	-18, 152	2, 525, 914	107, 497. 00	23. 50	30.00
31. 00	Laundry & Linen Service	8. 00	0	0	0	0.00		31.00
32.00	Housekeepi ng	9. 00	2, 797, 045				15. 08	32.00
33.00	Housekeeping under contract		642, 025	0	642, 025	14, 293. 00	44. 92	33.00
	(see instructions)							
34.00	Di etary	10. 00	2, 522, 348	-1, 770, 779	751, 569	42, 993. 00	17. 48	34.00
35. 00	Di etary under contract (see		442, 698	0	442, 698	12, 456. 00	35. 54	35.00
	instructions)							
36. 00	Cafeteri a	11. 00	0	1, 754, 744	1, 754, 744	105, 774. 00		36.00
37. 00	Maintenance of Personnel	12. 00	0	0	0	0.00	0. 00	37.00
38. 00	Nursing Administration	13. 00	2, 621, 984	-5, 050	2, 616, 934	72, 537. 00	36. 08	38. 00
39. 00	Central Services and Supply	14. 00	131, 125	-1, 083	130, 042	6, 843. 00	19. 00	39.00
40.00	Pharmacy	15. 00	4, 592, 475	-241, 039	4, 351, 436	109, 868. 00	39. 61	40.00
41.00	Medical Records & Medical	16. 00	889, 586	-12, 257	877, 329	30, 590. 00	28. 68	41.00
	Records Library							
42.00	Social Service	17. 00	2, 545, 913	-8, 578	2, 537, 335	69, 458. 00	36. 53	42.00
43.00	Other General Service	18. 00	0	0	0	0.00	0.00	43.00

Total overhead cost (see

instructions)

7.00

38.02

7.00

HOSPITAL WAGE INDEX INFORMATION Provi der CCN: 15-0074 Peri od: Worksheet S-3 From 01/01/2016 To 12/31/2016 Part III Date/Time Prepared: 2/27/2017 9:44 am Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Average Hourly Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 (col . 2 ± col . (from Salaries in col . 5) Works<u>heet A-6)</u> 3) col. 4 1.00 5.00 6.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 174, 430, 503 -3, 916, 773 170, 513, 730 5, 251, 793. 00 32. 47 1.00 instructions) 2.00 3, 941, 813 232, 993 4, 174, 806 182, 186. 00 22. 92 2.00 Excluded area salaries (see instructions) 3.00 Subtotal salaries (line 1 170, 488, 690 -4, 149, 766 166, 338, 924 5, 069, 607. 00 32.81 3.00 minus line 2) 4.00 Subtotal other wages & related 54, 913, 250 54, 913, 250 1, 188, 713. 00 46. 20 4.00 costs (see inst.) Subtotal wage-related costs 5.00 199, 244, 903 C 199, 244, 903 0.00 119. 78 5.00 (see inst.) Total (sum of lines 3 thru 5) 6.00 6.00 424, 646, 843 -4, 149, 766 420, 497, 077 6, 258, 320. 00 67 19

-331, 837

47, 248, 203

1, 242, 714. 00

47, 580, 040

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2016 | Part IV | To 12/31/2016 | Date/Time Prepared: 2/27/2017 0:44 em Health Financial Systems
HOSPITAL WAGE RELATED COSTS Provider CCN: 15-0074

		2/27/2017 9: 4	4 am
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	4, 415, 035	1. 00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	171, 450, 750	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8. 00	Health Insurance (Purchased or Self Funded)	14, 772, 688	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	5, 582, 452	8. 01
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	242, 524	8. 02
8. 03	Heal th Insurance (Purchased)	74, 350	8. 03
9. 00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	1, 330, 673	
11. 00	Life Insurance (If employee is owner or beneficiary)	0	11. 00
12. 00	Accident Insurance (If employee is owner or beneficiary)	281, 028	
13. 00	Disability Insurance (If employee is owner or beneficiary)	0	13. 00
14. 00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15. 00	Workers' Compensation Insurance	11, 653, 987	15. 00
16. 00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
10.00	Non cumulative portion)	J	10.00
	TAXES		
17. 00		0	17. 00
18. 00	Medicare Taxes - Employers Portion Only	0	18. 00
19. 00	Unemployment Insurance	0	19. 00
	State or Federal Unemployment Taxes	0	20. 00
20.00	OTHER	J	20.00
21 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see	0	21. 00
2 00	instructions))	Ĭ	200
22. 00	Day Care Cost and Allowances	0	22. 00
	Tuition Reimbursement	107, 051	
	Total Wage Related cost (Sum of lines 1 -23)	209, 910, 538	
20	Part B - Other than Core Related Cost	221, 112, 000	2 30
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25. 00
	1	۰	

Health Financial Systems	COMMUNITY HOSPITAL OF INDIANA, INC.	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0074	Peri od: Worksheet S-3

		To 12/31/2016	Date/Time Pre 2/27/2017 9:4	
	Cost Center Description	Contract Labor	Benefit Cost	
	·	1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1. 00
2.00	Hospi tal	0	0	2. 00
3.00	Subprovi der - IPF			3. 00
4.00	Subprovi der - I RF			4. 00
5.00	Subprovi der - (0ther)	0	0	5. 00
6.00	Swing Beds - SNF	0	0	6. 00
7.00	Swing Beds - NF	0	0	7. 00
8.00	Hospi tal -Based SNF			8. 00
9.00	Hospi tal -Based NF			9. 00
10.00	Hospi tal -Based OLTC			10.00
11. 00	Hospi tal -Based HHA			11. 00
12.00	Separately Certified ASC			12.00
13.00	Hospi tal -Based Hospi ce			13. 00
14.00	Hospital-Based Health Clinic RHC	0	0	14. 00
15. 00	Hospital-Based Health Clinic FQHC	0	0	15. 00
16. 00	Hospi tal -Based-CMHC			16. 00
17. 00	Renal Dialysis	0	0	17. 00
18. 00	Other	0	0	18. 00

111 45-	COMMUNITY HOCDITAL OF L	NIDL ANIA LINI		1-11-		DEE2 40		
	Financial Systems COMMUNITY HOSPITAL OF II FAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC		Period:	u of Form CMS-2 Worksheet S-1			
1103F1 1	AL UNCOMPLINGATED AND INDIGENT CARE DATA	Tovider CC	N. 15-0074	From 01/01/2016	WOLKSHEET 3-1	U		
				To 12/31/2016				
					1. 00			
	Uncompensated and indigent care cost computation							
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi Medicaid (see instructions for each line)	ided by lir	ne 202 column	า 8)	0. 303991	1. 00		
2.00	Net revenue from Medicaid				77, 537, 943	2. 00		
3.00	Did you receive DSH or supplemental payments from Medicaid?				Υ	3. 00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental	payments f	rom Medicai	d?	N	4. 00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from				30, 959, 786	5. 00		
6.00	Medi cai d charges				351, 181, 334	6. 00		
7.00	Medicaid cost (line 1 times line 6)				106, 755, 965	7. 00		
8.00	Difference between net revenue and costs for Medicaid program (I	line 7 minu	ıs sum of li	nes 2 and 5; if	0	8. 00		
	< zero then enter zero)							
	Children's Health Insurance Program (CHIP) (see instructions for	r each line	e)					
9. 00	Net revenue from stand-alone CHIP				0			
10.00	Stand-al one CHIP charges				0			
11. 00	Stand-alone CHIP cost (line 1 times line 10)			6	0			
12. 00	Difference between net revenue and costs for stand-alone CHIP (I	line 11 mir	nus line 9;	f < zero then	0	12. 00		
	enter zero) Other state or local government indigent care program (see instr	cuctions fo	r oach Lino					
13. 00	Net revenue from state or local indigent care program (Not included in the				0	13. 00		
14. 00	Charges for patients covered under state or local indigent care				0	14. 00		
14.00	10)	program (n	iot Theraucu	111 111103 0 01	· ·	14.00		
15. 00	State or local indigent care program cost (line 1 times line 14)	)			0	15. 00		
16. 00	Difference between net revenue and costs for state or local indi		program (li	ne 15 minus line	0	16. 00		
	13; if < zero then enter zero)							
	Uncompensated care (see instructions for each line)							
	Private grants, donations, or endowment income restricted to fur				0			
18. 00	Government grants, appropriations or transfers for support of ho				0	18. 00		
19. 00	Total unreimbursed cost for Medicaid , CHIP and state and local	indigent o	are program	s (sum of lines	0	19. 00		
	8, 12 and 16)		Helmen I	I managed	T-+-1 (1 1			
			Uni nsured pati ents	I nsured pati ents	Total (col. 1 + col. 2)			
			1.00	2. 00	3.00			
20.00	Charity care charges for the entire facility (see instructions)		1, 721, 3		3, 342, 653	20. 00		
21. 00	Cost of patients approved for charity care (line 1 times line 20		523, 2					
22. 00			020, 2	0 172,000	0	22. 00		
	00 Cost of charity care (line 21 minus line 22) 523, 286 492, 850 1, 016, 136							
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>						
24.00	Door the amount in line 20 column 2 include charges for actions	daya barrer	d a langth	of otov limit	1. 00 N	24.00		
24. 00	Does the amount in line 20 column 2 include charges for patient imposed on patients covered by Medicaid or other indigent care p	program?	· ·	,	IN.	24. 00		
			gram's leng	th of stay limit	0			
26. 00	1 ' ' '				39, 571, 000			
27. 00	1 ' ' '				1, 166, 767			
28 00	Non-Medicare and non-reimbursable Medicare bad debt expense (lir	ne 26 minus	: Line 27)		38 404 233	1 28 00		

28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)

30.00 Cost of uncompensated care (line 23 column 3 plus line 29)

31.00 Total unreimbursed and uncompensated care cost (line 19 plus line 30)

29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)

38, 404, 233

11, 674, 541

12, 690, 677 30. 00 12, 690, 677 31. 00

28.00

29.00

	Financial Systems COMM SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	UNITY HOSPITAL (	Provider C		In Lie eriod:	u of Form CMS-2 Worksheet A	2552-10
RECLAS	STELCATION AND ADJUSTMENTS OF TRIAL BALANCE U	F EXPENSES	Provider C	F	rom 01/01/2016		
				'	o 12/31/2016	Date/Time Pre 2/27/2017 9:4	
	Cost Center Description	Sal ari es	0ther		Reclassificati	Reclassified	
				+ col. 2)	ons (See A-6)	Trial Balance (col. 3 +-	
						col . 4)	
	OFNEDAL CEDALOF COST OFNEDO	1.00	2. 00	3. 00	4. 00	5. 00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		0	0	15, 608, 146	15, 608, 146	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		0	o		20, 929, 922	2. 00
3.00	00300 OTHER CAP REL COSTS	4/2 020	171 577 507	0	١	0	3.00
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	463, 028 9, 761, 580	171, 576, 597 195, 101, 520			844, 632 210, 108, 924	4. 00 5. 00
7.00	00700 OPERATION OF PLANT	2, 544, 066	14, 244, 746	16, 788, 812	1, 865, 022	18, 653, 834	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0 707 045	912, 322	1		912, 222	8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 797, 045 2, 522, 348	2, 214, 289 2, 952, 514	1		7, 986, 669 2, 315, 063	9. 00 10. 00
11. 00	01100 CAFETERI A	0	23	23	5, 784, 638	5, 784, 661	11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	2, 621, 984	835, 769			6, 238, 995	13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	131, 125 4, 592, 475	1, 952, 827 15, 052, 391	1		-645, 740 12, 383, 732	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	889, 586	919, 891	1, 809, 477	943, 380	2, 752, 857	16. 00
17. 00 18. 00	01700 SOCIAL SERVICE	2, 545, 913	726, 990	3, 272, 903	2, 728, 241	6, 001, 144 0	17. 00 18. 00
19. 00	01850 OTHER GENERAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS		0		0	0	19.00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	.,,	7, 118, 389	21. 00
22. 00 23. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 EMS TRAINING-ALLIED HEALTH	8, 094, 985	2, 286, 972 752, 076			11, 867, 526 782, 487	22. 00
23. 00	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH		752,076	752, 076 0	30, 411 0	762, 467	23. 00 23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	,	655, 417	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	92, 197	92, 197	23. 03
30. 00	03000 ADULTS & PEDIATRICS	32, 222, 380	15, 762, 604	47, 984, 984	24, 476, 893	72, 461, 877	30.00
31. 00	03100 INTENSIVE CARE UNIT	5, 136, 433	2, 339, 119				31. 00
32. 00 43. 00	03200 CORONARY CARE UNIT 04300 NURSERY	2, 975, 405	1, 101, 326 0	1		7, 130, 977 5, 277, 292	32. 00 43. 00
43.00	ANCI LLARY SERVI CE COST CENTERS	<u> </u>		0	5, 211, 292	5, 211, 292	43.00
50.00	05000 OPERATING ROOM	5, 046, 022	27, 887, 767			20, 492, 048	50.00
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	998, 062 455, 913	315, 733 789, 400			2, 381, 444 3, 816, 049	51. 00 52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	4, 136, 586	2, 649, 212	1		7, 833, 519	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	1, 468, 321	1, 750, 506	1		4, 847, 010	55. 00
57. 00 58. 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	790, 844 484, 562	1, 009, 558 671, 265	1		3, 754, 648 1, 505, 894	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 433, 889	18, 282, 360	1		6, 155, 235	
60.00	06000 LABORATORY	1, 189	12, 014, 555			11, 981, 835	
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	257, 802 3, 353, 292	98, 159 1, 745, 836	1		628, 502 8, 392, 523	64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	4, 626, 813	2, 756, 344			8, 517, 398	1
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	0	-,,		
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	2, 409, 278	765, 620	3, 174, 898	742, 549 2, 248, 902	742, 549 5, 423, 800	68. 00 69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	611, 609	436, 156			1, 527, 203	70.00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	,,	14, 676, 708	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	21, 766, 742 70, 610, 391	21, 766, 742 70, 610, 391	72. 00 73. 00
74. 00	07400 RENAL DI ALYSI S	Ö	1, 178, 836	1, 178, 836		1, 177, 098	74. 00
76. 00	03330 ENDOSCOPY	268, 775	322, 733	1		664, 698	76.00
76. 01 76. 03	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03951   LUTHERWOOD PARTNERSHI P	20, 099, 903 6, 844, 341	21, 643, 232 4, 759, 529			51, 194, 989 17, 724, 350	76. 01 76. 03
76. 04	03952 WOUND CARE CENTER	673, 706	2, 322, 061	1		2, 745, 111	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	8, 367, 139	66, 213, 777			32, 851, 054	76. 05
76. 06 76. 07	03953   I MAGI NG CENTERS   03954   BREAST DI AGNOSTI C CENTER	2, 164, 051	4, 377, 393 1, 352, 557			7, 650, 059 1, 352, 429	76. 06 76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	580, 723	313, 534				76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	907, 478	907, 478	76. 98
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	O	0	0	ol	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90. 01 90. 02	04950 DI ABETI C CARE CENTER   04951   HEALTHY HEARTS CENTER	1, 729, 090	797, 452	2, 526, 542	1, 693, 711	0 4, 220, 253	90. 01 90. 02
90. 03	09001 CLI NI C	0	0	0	0	0	90. 03
90.04	04953 SPINE CENTER	274 474	12 224 401	12 701 277	11 742 010	020 250	90.04
90. 05 90. 06	04954 I NFUSI ON CENTERS 09002 MEDCHECK CLINICS	376, 676	12, 324, 601 0	12, 701, 277 0	-11, 762, 018 0	939, 259 0	90. 05 90. 06
90. 07	09003 KNEE CENTER	1, 423, 682	3, 149, 660	l .		5, 133, 735	90. 07
90. 08 90. 10	09004 PALLIATIVE CARE 09006 WORK SITE CLINICS	10, 747	758 0	1		23, 065 0	90. 08 90. 10
<del>7</del> U. IU	103000 WORK SEE CLINECS	<u>ı</u> 0	0	'I U	ા	0	70. 10

Health Financial Systems COMMU	JNITY HOSPITAL (	F INDIANA, IN	IC.	In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	EXPENSES	Provi der CO		eri od:	Worksheet A	
				rom 01/01/2016 o 12/31/2016	Date/Time Pre 2/27/2017 9:4	
Cost Center Description	Sal ari es	0ther	,	Recl assi fi cati		
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	0.00	0.00		col . 4)	
OO 40 O 40/4 FAMILY PRACTICE AND MATERNITY CARE	1.00	2.00	3.00	4. 00	5. 00	00.40
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0 540 004	7 470 000	0	9	0	, , , ,
91. 00 09100 EMERGENCY	9, 548, 394	7, 173, 392	16, 721, 786	9, 858, 442	26, 580, 228	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS	ما	0		0	0	98. 00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS	0	0		ı U	0	98.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	156, 459, 762	625, 833, 962	782, 293, 724	-2, 881, 186	779, 412, 538	110 00
NONREI MBURSABLE COST CENTERS	130, 439, 702	020, 033, 902	102, 293, 124	-2,001,100	119, 412, 330	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	٥	0		0	0	190. 00
191. 00 19100 RESEARCH	373, 492	129, 772	503, 264	398, 937		
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	122, 602	811, 256		1		1
194. 00 07950 HOME OFFICE	122,002	011, 230	755, 656	120, 113	· ·	194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS		0	Ì	, o		194. 01
194. 03 07953 SCHOOL BASED CLINICS	22, 713	2, 375	25, 088	24, 431		
194. 04 07954 SMO-NON PROVI DER BASED	505, 201	173, 979				
194. 05 07955 FAMILY PRACTICE MEDICINE	1, 920, 539	2, 222, 011	· ·			
194. 07 07957 LI FECHECK	267, 576	111, 121				
194. 08 07958 GROUP HOMES AND MISC. N R CTRS	729, 690	477, 837	· ·			1
194. 09 07959 SURGERY CENTER EAST	0	10, 242		•		194. 09
200. 00   TOTAL (SUM OF LINES 118-199)	160, 401, 575	629, 772, 555				

Heal th	Financial Systems COM	MMUNITY HOSPITAL	OF INDIANA, INC.		In Lie	u of Form CMS-2	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der CCN:	: 15-0074	Peri od:	Worksheet A	
					From 01/01/2016 To 12/31/2016	Date/Time Prep	
	Cost Conton Description	Adiustmonts	Net Expenses			2/27/2017 9: 42	4 am
	Cost Center Description	Adjustments (See A-8)	For Allocation				
		6.00	7.00				
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS AVEL FOULD	-2, 297, 713	1				1.00
2. 00 3. 00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS	-10, 555, 358	1				2. 00 3. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	7, 693, 770	1				4.00
5. 00	00500 ADMINISTRATIVE & GENERAL	-87, 681, 870					5.00
7. 00	00700 OPERATION OF PLANT	690, 569					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	· c	1				8. 00
9.00	00900 HOUSEKEEPI NG	-27	7, 986, 642				9. 00
10.00	01000 DI ETARY	-671, 621	1, 643, 442				10.00
11. 00	01100 CAFETERI A	-201, 900	1				11. 00
13. 00	01300 NURSING ADMINISTRATION	3, 197, 707	1				13. 00
14.00	01400 CENTRAL SERVI CES & SUPPLY	2, 457, 735	1				14.00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	-2, 025, 058	1				15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	4, 962, 484	1				17.00
18. 00	01850 OTHER GENERAL SERVICE		1				18.00
19. 00	01900 NONPHYSICIAN ANESTHETISTS						19.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	-837, 850	6, 280, 539				21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1, 502, 150	10, 365, 376				22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	-204, 732	577, 755				23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	C	1				23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	C	1				23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	C	92, 197				23. 03
20.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	4 402 005	67, 968, 072				20.00
30. 00 31. 00	03100 INTENSIVE CARE UNIT	-4, 493, 805 -382, 149	1				30.00
32. 00	03200 CORONARY CARE UNIT	-152, 393					32.00
43. 00	04300 NURSERY	102,070	1				43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	-488, 978	20, 003, 070				50.00
51.00	05100 RECOVERY ROOM	C	2, 381, 444				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-664, 173					52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	323, 956	1				54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	C	4, 847, 010				55.00
57. 00	05700 CT SCAN	C	3, 754, 648				57. 00
58. 00 59. 00	05800   MAGNETI C RESONANCE   MAGING (MRI)   05900   CARDI AC   CATHETERI ZATI ON	C	1, 505, 894 6, 155, 235				58. 00 59. 00
60.00	06000 LABORATORY	-1, 050, 891	1				60.00
64. 00	06400 I NTRAVENOUS THERAPY	-1,030,071	1				64.00
65. 00	06500 RESPIRATORY THERAPY	-9	,				65. 00
66.00	06600 PHYSI CAL THERAPY	307, 400	1				66.00
67.00	06700 OCCUPATI ONAL THERAPY	C	2, 171, 984				67. 00
68. 00	06800 SPEECH PATHOLOGY	C	742, 549				68. 00
	1	86, 827					69. 00
	07000 ELECTROENCEPHALOGRAPHY	115, 567	1				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	C					71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	964, 321	,				72. 00 73. 00
74.00	07400 RENAL DIALYSIS	704, 321					74.00
76. 00	03330 ENDOSCOPY						76.00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	-38, 107, 561					76. 01
76. 03		-15, 916, 398					76. 03
76. 04	03952 WOUND CARE CENTER	-9, 364					76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	5, 967, 786					76. 05
76. 06	03953 I MAGI NG CENTERS	-51					76.06
76. 07	03954 BREAST DIAGNOSTIC CENTER	(F 204	.,,				76. 07
76. 97 76. 98	07697 CARDIAC REHABILITATION	-65, 296					76. 97 76. 98
10. 70	07698 HYPERBARI C OXYGEN THERAPY OUTPATIENT SERVICE COST CENTERS		907, 478				10.98
88. 00	08800 RURAL HEALTH CLINIC	0	0				88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	ا م				89.00
90. 00	09000 CLI NI C		o o				90.00
90. 01	04950 DI ABETI C CARE CENTER	C	0				90. 01
90. 02	04951 HEALTHY HEARTS CENTER	246, 710	4, 466, 963				90. 02
90. 03	09001 CLI NI C	C					90. 03
90. 04	04953 SPI NE CENTER	C					90. 04
90. 05	04954 INFUSION CENTERS	C	939, 259				90.05
90.06	09002 MEDCHECK CLINICS	00.043	0 000				90.06
90. 07 90. 08	09003   KNEE CENTER   09004   PALLI ATI VE CARE	-83, 947 C	1				90. 07 90. 08
90. 08	09004 PALLIATIVE CARE		,				90.08
90. 10	1 1						90. 10
		,					1
91. 00	1	-9, 619	26, 570, 609				91.00

Heal th FinancialSystemsCOMMUNITY HOSPIRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Period: | Worksheet A | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: 2/27/2017 9:44 am | Provider CCN: 15-0074

			2/2//2017 9:44 am
Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7. 00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98. 00
SPECIAL PURPOSE COST CENTERS			
118.00 SUBTOTALS (SUM OF LINES 1-117)	-140, 388, 081	639, 024, 457	118. 00
NONREI MBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190. 00
191. 00 19100 RESEARCH	0	902, 201	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-3, 144	802, 599	192. 00
194.00 07950 HOME OFFICE	0	0	194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194. 01
194. 03 07953 SCH00L BASED CLINICS	0	49, 519	194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	1, 214, 716	194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	-309, 217	4, 952, 940	194. 05
194. 07 07957 LI FECHECK	-9, 089	635, 087	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	o	1, 883, 080	194. 08
194.09 07959 SURGERY CENTER EAST	o	0	194. 09
200.00 TOTAL (SUM OF LINES 118-199)	-140, 709, 531	649, 464, 599	200. 00

Heal th Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu of Form CMS-2552-10

RECLASSIFICATIONS Provider CCN: 15-0074 From 01/01/2016 To 12/31/2016 Date/Time Prepared:

					1te/lime Prepared: /27/2017 9:44 am
	Cost Center	Increases Line #	Sal ary	Other	
	2. 00	3.00	4. 00	5. 00	
1 00	A - Labor and Delivery Salary	40.00	0.000.500		1.00
1. 00 2. 00	NURSERY DELIVERY ROOM & LABOR ROOM	43. 00 52. 00	2, 082, 582 822, 836	0	1. 00 2. 00
2.00	0		2, 905, 418	<u>0</u>	2.00
	B - Labor and Delivery Other	40.00		054 440	
1. 00 2. 00	NURSERY DELIVERY ROOM & LABOR ROOM	43. 00 52. 00		954, 642 377, 183	1. 00 2. 00
2.00	DEET VERT ROOM & EABOR ROOM			1, 331, 825	2.00
1 00	C - Chargeable Medical Supplie		٥	14 /7/ 700	1.00
1. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	14, 676, 708	1. 00
2.00		0. 00	0	0	2. 00
3.00		0.00	0	0	3.00
4. 00 5. 00		0. 00 0. 00	0	0	4. 00 5. 00
6. 00		0.00	0	0	6. 00
7.00		0.00	0	0	7. 00
8. 00 9. 00		0. 00 0. 00	0	0	8. 00 9. 00
10. 00		0. 00	Ö	O	10.00
11.00		0.00	0	0	11. 00
12. 00 13. 00		0. 00 0. 00	0	0	12. 00 13. 00
14. 00		0.00	0	0	14. 00
15. 00		0.00	0	0	15. 00
16. 00 17. 00		0. 00 0. 00	0	0	16. 00 17. 00
18. 00		0.00	0	0	18.00
19. 00		0. 00	0	0	19. 00
20. 00 21. 00		0. 00 0. 00	0	0	20.00
21.00	TOTALS — — — —			<u> 14, 676, 7</u> 08	21. 00
	D - Depreciation Expense				
1. 00 2. 00	CAP REL COSTS-MVBLE EQUIP	2. 00 0. 00	0	18, 886, 391 0	1. 00 2. 00
3. 00		0.00	0	0	3. 00
4.00		0.00	0	0	4. 00
5. 00 6. 00		0. 00 0. 00	0	0	5. 00 6. 00
7. 00		0.00	0	0	7. 00
8.00		0. 00	0	0	8. 00
9. 00 10. 00		0. 00 0. 00	0	0	9. 00 10. 00
11. 00		0.00	0	0	11. 00
12.00		0.00	0	0	12. 00
13.00		0.00	0	0	13.00
14. 00 15. 00		0. 00 0. 00	0	0	14. 00 15. 00
16.00		0.00	0	0	16. 00
17. 00		0.00	0	0	17. 00
18. 00 19. 00		0. 00 0. 00	0	0	18. 00 19. 00
20.00		0.00	0	0	20. 00
21. 00		0.00	0	0	21. 00
22. 00 23. 00		0. 00 0. 00	0	0	22. 00 23. 00
24. 00		0.00	Ö	O	24. 00
25. 00		0.00	0	0	25. 00
26. 00 27. 00		0. 00 0. 00	0	0	26. 00 27. 00
28. 00		0. 00	Ö	O	28. 00
29. 00		0.00	0	0	29. 00
30. 00 31. 00		0. 00 0. 00	0	0	30. 00 31. 00
32. 00		0.00	0	0	32. 00
33.00		0.00	0	0	33. 00
34. 00 35. 00		0. 00 0. 00	0	0	34. 00 35. 00
36. 00		0.00	0	0	36.00
37.00		0.00	0	0	37. 00
38. 00 39. 00		0. 00 0. 00	0	0	38. 00 39. 00
40. 00		0.00	0	0	40. 00
41. 00		0.00	ō	0	 41. 00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: Worksheet A-6 From 01/01/2016 To 12/31/2016 Date/Time Prepared: Provider CCN: 15-0074

					To 12/31/2016 Date/Time Pr 2/27/2017 9:	
		Increases			272772017 7.	T Gill
	Cost Center	Li ne #	Sal ary	Other -		
42. 00	2. 00	3.00	4.00	5.00		42. 00
42.00	0 — — — — —		<del> </del>	18, 886, 391		72.00
	E - Radiology Support Salary					
1. 00 2. 00	RADI OLOGY-THERAPEUTI C CT SCAN	55. 00 57. 00	344, 076 181, 231	0		1. 00 2. 00
3. 00	MAGNETIC RESONANCE I MAGING	58. 00	44, 187	0		3. 00
	(MRI)					
4.00	I MAGING CENTERS	76.06	99, 932	<u>0</u>		4. 00
	TOTALS  F - Radi ol ogy Support Other		669, 426	U		
1.00	RADI OLOGY-THERAPEUTI C	55. 00		110, 005		1. 00
2.00	CT SCAN	57. 00		57, 942		2. 00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58. 00		14, 127		3. 00
4.00	IMAGING CENTERS	76. 06		31, 949		4. 00
				214, 023		_
1 00	G - Capital Insurance Costs	1 00	ما	271 //7		1 00
1. 00	CAP REL COSTS-BLDG & FIXT		0	<u>271, 6</u> 67 271, 667		1. 00
	H - Implantable Device Reclas	SS .	<u> </u>	271,007		
1.00	IMPL. DEV. CHARGED TO	72.00	0	21, 766, 742		1. 00
2. 00	PATI ENTS	0.00	0	0		2. 00
3.00		0.00	ol	0		3. 00
4.00		0. 00	o	0		4. 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0		6. 00 7. 00
7.00	0 — — — — —		— — — <del>ў</del>	21, 766, 742		7.00
	I - Interest Expense					
1. 00	CAP REL COSTS-BLDG & FIXT		0			1. 00
	J - Residents Costs		UU	7,006,240		
1.00	I &R SERVICES-SALARY &	21. 00	3, 105, 665	672, 207		1. 00
	FRI NGES APPRVD	+				
	K - Other Capital Rental		3, 105, 665	672, 207		
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10, 371, 770		1. 00
2.00		0.00	0	0		2. 00
3. 00 4. 00		0. 00 0. 00	0	0		3. 00 4. 00
5. 00		0.00	0	0		5. 00
6.00		0. 00	О	0		6. 00
7.00		0.00	0	0		7. 00
8. 00 9. 00		0. 00 0. 00	0	0		8. 00 9. 00
10. 00		0.00	Ö	O		10. 00
11. 00		0.00	О	0		11. 00
12. 00		0.00	0	0 0		12.00
13. 00 14. 00		0. 00 0. 00	0	0		13. 00 14. 00
15. 00		0.00	o	O		15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	0	0		17. 00
18. 00 19. 00		0. 00 0. 00	0	0		18. 00 19. 00
20. 00		0.00	Ö	Ö		20. 00
21. 00		0.00	0	0		21. 00
22. 00 23. 00		0. 00 0. 00	0	0		22. 00 23. 00
24. 00		0.00	0	0		24. 00
25. 00		0.00	0	0		25. 00
26.00		0.00	0	0		26. 00
27. 00 28. 00		0. 00 0. 00	0	0		27. 00 28. 00
29. 00		0.00	o	0		29. 00
30.00		0.00	О	0		30. 00
31.00		0.00	0	0		31.00
32. 00 33. 00		0. 00 0. 00	0	0		32. 00 33. 00
34. 00		0.00	0	0		34. 00
35.00		0. 00	0	0		35. 00
36.00		0.00	0	0		36.00
37. 00		0.00	0	0		37. 00

Provider CCN: 15-0074

| Peri od: | From 01/01/2016 | To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: | 2/27/2017 9: 44 am

					2/27/2017 9:44 a	am
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5. 00		
38. 00		0.00	0	0		8. 00
39. 00		0.00	0	0		9.00
40.00		0.00	0	0		0.00
41. 00		0.00	0	0		1.00
42. 00		0.00	٦	0		2.00
43.00		0.00	0	0		3.00
44.00		0. 00 0. 00	ol Ol	0	· ·	4.00
45. 00				00 10, 371, 770	45	5. 00
	M - Depreciation by CC		UU	10, 371, 770		
1.00	CAP REL COSTS-BLDG & FIXT	1. 00	0	8, 328, 239	1	1. 00
1.00	n KEE COSTS-BEDG & LIXI			8, 328, 239		1.00
	N - Cafeteria Salary		<u> </u>	0,020,207		
1.00	CAFETERI A	11.00	1, 754, 744		1	1. 00
		— — <del>····</del>	1, 754, 744	_		
	0 - Cafeteria Reclass	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		
1.00	CAFETERI A	11. 00		2, 142, 455	1	1. 00
				2, 142, 455		
	R - Pharm Resident Costs					
1.00	PHARMACY RESIDENCY-ALLIED	23. 02	172, 790		1	1. 00
	HEALTH					
			172, 790	0		
	S - Pharmacy Residency Reclas	SS				
1.00	PHARMACY RESIDENCY-ALLIED	23. 02		279, 637	1	1. 00
	HEALTH	L _ L				
			0	279, 637		
	T - Drugs Charges to Pat					
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	96		1. 00
2.00	ELECTROENCEPHALOGRAPHY	70. 00	0	1, 195		2. 00
3.00	DRUGS CHARGED TO PATIENTS	73. 00	0	70, 610, 391		3. 00
4.00		0.00	0	0		4. 00
5. 00		0.00	0	0	· ·	5. 00
6. 00		0.00	0	0		6. 00
7.00		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0	0		0.00
11.00		0.00	0	0		1.00
12.00		0.00	0	0		2. 00
13.00		0.00	0	0		3. 00
14.00		0.00	0	0		4. 00
15.00		0.00	0	0		5.00
16.00		0.00	0	0		6.00
17. 00		0.00	0	0		7.00
18.00		0.00	0	0		8.00
19. 00		0.00	0	0		9.00
20.00		0.00	0	0	•	0.00
21. 00 22. 00		0. 00 0. 00	1	0		1. 00 2. 00
23. 00		0.00	0	0		3. 00
24. 00 25. 00		0. 00 0. 00	0	0		4. 00 5. 00
			0	0		6.00
26. 00		0. 00 0. 00	0	0		
27. 00 28. 00		0.00	0	0		7. 00 8. 00
		0.00	ol Ol	0		9.00
29.00			-	0		9. 00 0. 00
30.00		0. 00 0. 00	0	0		
31. 00 32. 00		0.00	0	0		1. 00 2. 00
32. 00 33. 00			ol Ol	0		
33. 00 34. 00		0. 00 0. 00	o O	0		3. 00 4. 00
54. UU				00 70, 611, 682	34	+. UU
	U - Therapy Salary		U	70,011,002		
1. 00	OCCUPATIONAL THERAPY	67. 00	878, 225	0	1	1. 00
2.00	SPEECH PATHOLOGY	68. 00	300, 244	0		2. 00
2.00	0		1, 178, 469	<u> </u>		50
	V - Therapy Other		1, 170, 407	U		
1.00	OCCUPATI ONAL THERAPY	67. 00	T	349, 122	1	1. 00
2. 00	SPEECH PATHOLOGY	68. 00		119, 356		2. 00
2.00	<u> </u>			468, 478		50
	AA - HYPERBARIC OXYGEN THERAF	PY SALARY	<u> </u>	100, 470		
1. 00	HYPERBARI C OXYGEN THERAPY	76. 98	179, 330		1	1. 00
		— — <del></del> —	179, 330	<sub>0</sub>		. 50
	1	1	, 555	٩	· ·	
-						

Health Financial Systems RECLASSIFICATIONS

Provider CCN: 15-0074

| Peri od: | From 01/01/2016 | To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: | 2/27/2017 9: 44 am

					2/27/2017 9:44 am
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	2.00	3. 00	4. 00	5. 00	
	AB - HBOT Other				
1. 00	HYPERBARI C OXYGEN THERAPY	<u>76.</u> 98		53 <u>5, 2</u> 57	1. 00
			0	535, 257	
	AE - EMS School Allied Health				
1.00	EMS TRAINING-ALLIED HEALTH	23. 00	40, 297		1.00
2.00					2. 00
3.00					3.00
4.00					4. 00
5.00					5. 00
6.00					6. 00
7.00					7. 00
8.00			i		8. 00
0.00		+	40, 297	<sub>0</sub>	0.00
	AF - EMS School Allied Health				
1.00	EMERGENCY	91.00		14, 999	1. 00
2. 00	EMERGENOT	71.00		, , , , ,	2. 00
3. 00					3. 00
					•
4.00					4. 00
5. 00					5. 00
6.00					6. 00
7.00					7. 00
8.00					8. 00
9.00					9. 00
			0	14, 999	
	AG - STD BENEFIT RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	3, 708	1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	0	8, 751	2. 00
3.00	OPERATION OF PLANT	7.00	0	18, 152	3.00
4.00	HOUSEKEEPI NG	9. 00	0	16, 784	4. 00
5.00	DI ETARY	10.00	o	16, 035	5. 00
6.00	NURSING ADMINISTRATION	13.00	o	5, 050	6. 00
7.00	CENTRAL SERVICES & SUPPLY	14.00	o	1, 083	7. 00
8.00	PHARMACY	15. 00	o	23, 830	8. 00
9. 00	MEDICAL RECORDS & LIBRARY	16. 00	Ö	12, 257	9. 00
10.00	SOCI AL SERVI CE	17. 00	0	8, 578	10. 00
11. 00	I&R SERVICES-OTHER PRGM	22. 00	o		11. 00
11.00	COSTS APPRVD	22.00	٩	64, 480	11.00
12 00	1	20.00		1/2 077	12.00
12.00	ADULTS & PEDIATRICS	30.00	0	162, 977	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	27, 868	13. 00
14. 00	CORONARY CARE UNIT	32.00	0	26, 535	14. 00
15. 00	OPERATI NG ROOM	50.00	0	11, 630	15. 00
16. 00	RECOVERY ROOM	51. 00	0	1, 090	16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	21, 524	17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55. 00	0	5, 734	18. 00
19.00	CT SCAN	57.00	0	6, 897	19. 00
20.00	MAGNETIC RESONANCE IMAGING	58.00	0	5, 568	20.00
	(MRI)				
21.00	CARDIAC CATHETERIZATION	59.00	0	21, 816	21. 00
22.00	INTRAVENOUS THERAPY	64.00	0	383	22. 00
23.00	RESPIRATORY THERAPY	65.00	О	27, 256	23. 00
24.00	PHYSI CAL THERAPY	66.00	o	16, 809	24. 00
25. 00	ELECTROCARDI OLOGY	69. 00	o	11, 141	25. 00
26. 00	ENDOSCOPY	76.00	o	4, 299	26. 00
27. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	Ö	115, 695	27. 00
27.00	SERVI CES	70.01	Ĭ	110,070	27.00
28. 00	LUTHERWOOD PARTNERSHIP	76. 03	o	33, 777	28. 00
29. 00	WOUND CARE CENTER	76. 03 76. 04	0	915	29. 00
30.00	ONCOLOGY-CANCER CARE CENTER	76. 04 76. 05	0	29, 312	30.00
	I MAGING CENTERS		ol Ol		1
31.00		76. 06		8, 972	31.00
32.00	CARDI AC REHABI LI TATI ON	76. 97	0	12, 112	32.00
33. 00	HEALTHY HEARTS CENTER	90. 02	0	16, 010	33.00
34. 00	INFUSION CENTERS	90. 05	0	4, 017	34. 00
35. 00	EMERGENCY	91.00	0	35, 550	35. 00
36.00	RESEARCH	191. 00	0	977	36. 00
37.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	440	37. 00
38.00	SMO-NON PROVIDER BASED	194. 04	o	7, 315	38. 00
39.00	FAMILY PRACTICE MEDICINE	194. 05	О	14, 960	39. 00
40. 00	LI FECHECK	194. 07	o	398	40.00
41. 00	GROUP HOMES AND MISC. N_R	194. 08	0	423	41. 00
11.00	CTRS	1 /4. 00	٩	723	41.00
	101110				1
				81 <u>1, 1</u> 08	1

Health Financial Systems RECLASSIFICATIONS COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

Peri od: Worksheet A-6 From 01/01/2016 To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

Cost Center	epareu: 44 am
1.00	
A	
PHARMACY RESIDENCY-BTH	
ALLIED HEALTH	4
1.00	1. 00
A	
PHARMACY RESIDENCY-ALLIED	1
HEALTH	1.00
AK   IHF Cat Scan Salary Reci ass	1.00
AK - I I HI Cat Scan Sal ary Reci ass   57.00   500.888   0   0     AL - I HI Cat Scan Other Reci ass   57.00   180.262     AL - I HI Cat Scan Other Reci ass   57.00   189.262     AL - CBI ALLOCATIONS - GALLAHUE   70.00   189.262     AN - CBI ALLOCATIONS - GALLAHUE   70.00   10.530.832     AN - DEFI NED BENETI PENSI ON RECLASS 1/2   70.00   70.530.832     AN - DEFI NED BENETI PENSI ON RECLASS 1/2   70.00   70.530.832     AN - DEFI NED BENETI PENSI ON RECLASS 1/2   70.00	•
1.00	
AL - I HH Cat Scan Other Reci ass  T SCAN	1. 00
1.00	
No.   189, 262	
AM - CBI ALLOCATIONS - GALLANUE	1. 00
1.00	_
No.   DEFINED BENEFIT PENSION RECLASS 1/2	
AN - DEFINED BENETIT PENSION RECLASS 1/2	1. 00
1. 00 ADMINISTRATIVE & GENERAL 5. 00 0 10. 489, 914 2. 00 OPERATION OF PLANT 7. 00 0 2.716, 925 3. 00 HOUSEKEPING 9. 00 0 2.990, 506 4. 00 DIETARY 10. 00 0 808, 403 5. 00 ACRIFERIA 11. 00 0 1. 887, 439 6. 00 NURSING ADMINISTRATION 13. 00 0 2. 814, 828 6. 00 NURSING ADMINISTRATION 13. 00 0 2. 814, 828 6. 00 NURSING ADMINISTRATION 13. 00 0 2. 814, 828 6. 00 PHARMACY 15. 00 0 1. 39, 876 8. 00 PHARMACY 15. 00 0 4. 680, 494 9. 00 NURSING ADMINISTRATION 15. 00 0 4. 680, 494 9. 00 NURSING ADMINISTRATION 15. 00 0 943, 673 10. 00 SOCIAL SERVICES & SUPPLY 16. 00 0 943, 673 10. 00 SOCIAL SERVICES TO THE PROM 21. 00 0 2. 7.29, 210 11. 00 I&R SERVICES-SALARY & 21. 00 0 3. 340, 517 11. 00 I&R SERVICES-SALARY & 21. 00 0 3. 340, 517 11. 00 I&R SERVICES-OTHER PROM 22. 00 0 5. 297, 260 18. 00 STS APPROD 13. 00 EMS TRAINING-ALLIED HEALTH 23. 00 0 43. 344 14. 00 PHARMACY RESIDENCY-ALLIED 23. 02 0 185, 856 HEALTH 16. 00 ADULTS & PEDIATRIC S 30 0 47, 778 ALLIED HEALTH 16. 00 ADULTS & PEDIATRIC S 30 0 0 31, 357, 987 11. 00 INTRISIVE CARE UNIT 32. 00 0 5. 494, 878 18. 00 CORONARY CARE UNIT 32. 00 0 5. 494, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 749, 878 18. 00 CORONARY CARE UNIT 32. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 7. 759, 931 18. 00 0 750, 931 18. 00 0 750, 931 18. 00 0 750, 931 18. 00 0 750, 931 18	-
2. 00   OPERATI NO OF PLANT   7, 00   0   2, 716, 925   3. 00   HOUSEKEEPING   9, 00   0   2, 990, 506   4. 00   DIETARY   10, 00   0   808, 403   5. 00   CAFETERI A   11, 00   0   1, 887, 439   7. 00   CENTRAL SERVICES & SUPPLY   14, 00   0   139, 876   8. 00   PHARMACY   15, 00   0   4, 680, 494   9. 00   MEDI CAL RECORDS & LI BRARY   16, 00   0   943, 673   10. 00   SOCI AL SERVICE   17, 00   0   2, 729, 210   11. 00   IAR SERVICES-SALARY &   21, 00   0   3, 340, 517   FRI NGES APPRVD   18, 00   0   43, 344   14. 00   PHARMACY RESI DINECY-BTH   23, 00   0   43, 344   15. 00   PHARMACY RESI DINECY-BTH   23, 00   0   185, 856   HEALTH   100   HEALTH   100   17, 788   16. 00   ADULTS & PEDI ATRICS   30, 00   0   3, 1357, 987   17. 00   INTENSI VE CARE UNIT   31, 00   0   5, 494, 878   18. 00   CORONARY CARE UNIT   32, 00   0   3, 171, 385   19. 00   OPERATI NO ROOM   50, 00   0   1, 373, 219   20. 00   DELI VERY ROOM & LABOR ROOM   52, 00   0   1, 373, 219   21. 00   CARDINA CARE LIBER L	1 00
3. 00 HOUSEKEEPING 9, 00 0 2, 990, 506 4. 00 DIETARY 10, 00 0 808, 403 5. 00 CAFETERIA 11, 00 0 1, 887, 439 6. 00 NURSI NG ADMINISTRATION 13, 00 0 2, 814, 828 6. 00 NURSI NG ADMINISTRATION 13, 00 0 2, 814, 828 8. 00 PHARMACY 15, 00 0 1, 39, 876 8. 00 PHARMACY 15, 00 0 4, 680, 494 9. 00 MEDI CAL RECORDS & LI BRARY 16, 00 0 2, 729, 210 11. 00 ISA SERVI CES - SALARY & 71, 00 0 2, 729, 210 11. 00 ISA SERVI CES - SALARY & 21, 00 0 3, 340, 517 FEINGES APPRVD 12. 00 ISA SERVI CES - OTHER PRGM 22, 00 0 5, 297, 260 COSTS APPRVD 13. 00 EMS TRAI NI NG-ALLI ED HEALTH 23, 00 0 43, 344 14. 00 PHARMACY RESI DENCY-ALLI ED 23, 02 0 185, 856 HEALTH 15. 00 PHARMACY RESI DENCY-BLH 23, 03 0 47, 778 ALLI ED HEALTH 31, 00 0 5, 494, 878 10. 00 COROMARY CARE UNIT 31, 00 0 5, 494, 878 10. 00 COROMARY CARE UNIT 32, 00 0 3, 711, 385 19. 00 INTENSI VE CARE UNIT 32, 00 0 7, 713, 385 19. 00 NURSERY 43, 00 0 2, 240, 068 20. 00 OPERATING ROOM 50, 00 0 1, 072, 364 21. 00 RECOVERY ROOM LABOR ROOM 50, 00 0 1, 373, 219 22. 00 DELI VERY ROOM LABOR ROOM 50, 00 0 1, 373, 219 23. 00 RADI OLOGY-DIAGNOSTIC 54, 00 0 1, 576, 931 00 NURSERY 60, 00 0 1, 576, 931 00 NURSERY 60, 00 0 1, 279 01 NURSEN 60, 00 0 1, 279 02. 00 LABORATORY HERAPY 60, 00 0 2, 26, 36, 357	1.00
4. 00 DI ETARY CAFETERIA 10. 00 CAFETERIA 11. 00 0 0 1,888,403 6. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 2,814,828 7. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 139,876 8. 00 PHARIMACY 9. 00 MEDI CAL RECORDS & LI BRARY 15. 00 0 4,680,494 9. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 0 433,673 10. 00 SOCI AL SERVI CE 17. 00 0 2,729,210 11. 00 IAR SERVI CES-SALARY & 21. 00 0 3,340,517 FIN INCES APPRVD 12. 00 IAR SERVI CES-SALARY & 21. 00 0 3,340,517 FIN INCES APPRVD 13. 00 EMS TRAI NI NG-ALLI ED HEALTH 14. 00 PHARIMACY RESI DENCY-ALLI ED 15. 00 PHARIMACY RESI DENCY-BTH ALLI ED HEALTH 32. 00 0 31,357,987 17. 00 INTENSI VE CARE UNI T 32. 00 0 5,494,878 18. 00 COROMARY CARE UNI T 32. 00 0 7,417,788 19. 00 NURSERY 43. 00 0 2,240,068 20. 00 OPERATI NG ROOM 50. 00 0 5,415,096 11. 00 RECOVERY ROOM 50. 00 0 1,373,219 21. 00 RECOVERY ROOM 51. 00 0 1,722,364 22. 00 DELI VERY ROOM & LABOR ROOM 52. 00 DELI VERY ROOM & LABOR ROOM 54. 00 0 1,576,31 24. 00 RADI OLOGY-J HERAPEUTI C 55. 00 0 1,576,931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CRESPI RATORY THERAPY 66. 00 0 7,576, 357	3. 00
5. 00 CAFETERIA	4. 00
6. 00 NURSING ADMINISTRATION 13. 00 0 2, 814, 828 7. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 139, 876 8. 00 PHARINACY 15. 00 0 4, 680, 494 9. 00 MEDICAL RECORDS & LI BRARY 16. 00 0 943, 673 10. 00 SOCI AL SERVI CE 17. 00 0 2, 729, 210 11. 00 I & SR SERVI CES-SALARY & 21. 00 0 3, 340, 517 FRI NGES APPRVD 7. 00 0 5, 297, 260 COSTS APPRVD 2. 00 I & SESENI CES-OTHER PRGM 22. 00 0 5, 297, 260 COSTS APPRVD 2. 00 I SES SERVI CES-OTHER PRGM 23. 00 0 43, 344 14. 00 PHARINACY RESI DRECY-ALLI ED HEALTH 16. 00 PHARINACY RESI DRECY-BTH 23. 03 0 47, 778 ALLI ED HEALTH 16. 00 ADULTS & PEDI ATRIC S 30. 00 0 31, 357, 987 17. 00 INTENSI VE CARE UNIT 31. 00 0 5, 494, 878 18. 00 CORONARY CARE UNIT 32. 00 0 3, 171, 385 19. 00 NURSERY 43. 00 0 2, 240, 068 20. 00 OPERATI NG ROOM 50. 00 0 5, 415, 096 21. 00 RECOVERY ROOM 51. 00 0 1, 072, 364 22. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 7, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 INTRAVENOUS THERAPEUTI C 55. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 16C 00 0 3, 576, 357	5. 00
7. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 1.39, 876 8. 00 PHARMACY 15. 00 0 4, 680, 494 9. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 943, 673 10. 00 SOCI AL SERVICE 17. 00 0 2, 729, 210 11. 00 I&B SERVICES-SALARY & 21. 00 7. 00 0 3, 340, 517 7. 00 0 1. 8 SERVICES-SALARY & 21. 00 1. 8 SERVICES-OTHER PRGM 22. 00 0 5, 297, 260 7. 00 0 0. 00 0. 00 0 0 0 0 0 0 0 0 0	6. 00
8. 00   PHARMACY   15. 00   0   4, 680, 494   9. 00   MEDI CAL RECORDS & LI BRARY   16. 00   0   943, 673   17. 00   0   2, 729, 210   11. 00   1&R SERVI CES - SALARY & 21. 00   0   3, 340, 517   FRI NGES APPRVD   12. 00   1&R SERVI CES - SOLARY & 21. 00   0   5, 297, 260   1&R SERVI CES - SOLARY & 21. 00   0   5, 297, 260   1&R SERVI CES - OTHER PRGM   22. 00   0   5, 297, 260   1&R SERVI CES - OTHER PRGM   23. 00   0   43, 344   14. 00   PHARMACY RESI DENCY-ALLI ED   23. 02   0   185, 856   14. 11	7. 00
9. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 943, 673 10. 00 SOCI AL SERVI CE 17. 00 0 2, 729, 210 11. 00 I&R SERVI CES-SALARY & 21. 00 FRI NGES APPRVD 21. 00 I&R SERVI CES-SALARY & 21. 00 FRI NGES APPRVD 22. 00 0 5, 297, 260 COSTS APPRVD 23. 00 0 43, 344 14. 00 EMS TRAI NI NG-ALLI ED HEALTH 23. 00 0 43, 344 14. 00 PHARMACY RESI DENCY-ALLI ED HEALTH 23. 00 0 47, 778 ALLI ED HEALTH 23. 00 0 47, 778 ALLI ED HEALTH 23. 00 0 31, 357, 987 17. 00 INTENSI VE CARE UNI T 31. 00 0 5, 494, 878 18. 00 CORONARY CARE UNI T 32. 00 0 31, 357, 987 19. 00 NURSERY 43. 00 0 2, 240, 068 20. 00 OPERATI NG ROOM 50. 00 0 5, 415, 096 21. 00 PERATI NG ROOM 51. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 55. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG MAGNETI C MAGNETI	8. 00
11. 00   I&R SERVI CES-SALARY &	9. 00
FRI NGES APPRVD   12.00   1&R SERVI CES-OTHER PRGM   22.00   0   5,297,260   1   8R SERVI CES-OTHER PRGM   22.00   0   5,297,260   1   3.00   1   8R SERVI CES-OTHER PRGM   23.00   0   43,344   14.00   PHARMACY RESI DENCY-ALLI ED   23.02   0   185,856   1   1   1   1   1   1   1   1   1	10.00
12. 00   I&R SERVICES-OTHER PRGM   22. 00   0   5, 297, 260   COSTS APPRVD   13. 00   EMS TRAI NI NG-ALLI ED HEALTH   23. 00   0   43, 344   14. 00   PHARMACY RESI DENCY-ALLI ED   23. 02   0   185, 856   HEALTH   15. 00   PHARMACY RESI DNECY-BTH   23. 03   0   47, 778   ALLI ED HEALTH   23. 00   0   31, 357, 987   17. 00   INTENSI VE CARE UNI T   31. 00   0   5, 494, 878   18. 00   CORONARY CARE UNI T   32. 00   0   3, 171, 385   19. 00   NURSERY   43. 00   0   2, 240, 068   20. 00   OPERATI NG ROOM   50. 00   0   5, 415, 096   21. 00   RECOVERY ROOM   51. 00   0   1, 072, 364   22. 00   DELI VERY ROOM   52. 00   0   1, 373, 219   23. 00   RADI OLOGY-THERAPEUTI C   55. 00   0   1, 943, 284   25. 00   CT SCAN   57. 00   0   1, 576, 931   26. 00   CARDI AC CATHETERI ZATI ON   59. 00   0   2, 593, 025   28. 00   LABORATORY   60. 00   0   1, 0729, 365   30. 00   RESPI RATORY THERAPY   65. 00   0   2, 685   30. 00   RESPI RATORY THERAPY   65. 00   0   3, 576, 357	11. 00
COSTS APPRVD  13. 00 EMS TRAINI NG-ALLIED HEALTH  14. 00 PHARMACY RESI DENCY-ALLIED  15. 00 PHARMACY RESI DNECY-BTH  ALLIED HEALTH  16. 00 ADULTS & PEDI ATRICS  17. 00 INTENSI VE CARE UNIT  18. 00 CORONARY CARE UNIT  19. 00 OPERATI NG ROOM  20. 00 OPERATI NG ROOM  21. 00 RECOVERY ROOM  21. 00 RECOVERY ROOM  22. 00 DELI VERY ROOM & LABOR ROOM  23. 00 ADULTS ADULTS ADULTS  24. 00 RADI OLOGY-THERAPEUTI C  25. 00 CT SCAN  26. 00 MAGNETIC RESONANCE I MAGI NG  27. 00 CARDI AC CATHETERI ZATI ON  28. 00 LABORATORY  44. 00 ADULTS ADULTS  55. 00 C ARDI AC CATHETERI ZATI ON  59. 00 O CARDI AC CATHETERI ZATI	
13. 00 EMS TRAINING-ALLIED HEALTH 14. 00 PHARMACY RESIDENCY-ALLIED 23. 02 0 185, 856  HEALTH 15. 00 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23. 03 0 47, 778  ALLIED HEALTH 16. 00 ADULTS & PEDIATRICS 30. 00 5, 494, 878 17. 00 INTENSIVE CARE UNIT 31. 00 5, 494, 878 18. 00 CORONARY CARE UNIT 32. 00 0 3, 171, 385 19. 00 NURSERY 43. 00 0 2, 240, 068 20. 00 OPERATING ROOM 50. 00 0 5, 415, 096 21. 00 RECOVERY ROOM 51. 00 0 1, 072, 364 22. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 1, 373, 219 23. 00 RADIOLOGY-DIAGNOSTIC 54. 00 0 1, 273, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETIC RESONANCE IMAGING 58. 00 0 562, 744 (MRI) 27. 00 CARDIAC CATHETERIZATION 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 276, 885 30. 00 RESPIRATORY THERAPY 65. 00 0 3, 576, 357	12. 00
14. 00 PHARMACY RESI DENCY-ALLI ED HEALTH 15. 00 PHARMACY RESI DNECY-BTH ALLI ED HEALTH 16. 00 ADULTS & PEDI ATRI CS 17. 00 INTENSI VE CARE UNI T 18. 00 CORONARY CARE UNI T 18. 00 OPERATI NG ROOM 19. 00 OPERATI NG ROOM 19. 00 DELI VERY ROOM & LABOR ROOM 19. 00 DELI VERY ROOM & LABOR ROOM 19. 00 RECOVERY ROOM & LABOR ROOM 19. 00 RADI OLOGY-DI AGNOSTI C 19. 00 RADI OLOGY-THERAPEUTI C 19. 00 RADI OLOGY-THERAPEUTI C 19. 00 MAGNETI C RESONANCE I MAGI NG 19. 00 MAGNETI C RESONANCE I MAGI NG 19. 00 CARDI AC CATHETERI ZATI ON 19. 00 CARDI AC CATHETERI ZATI ON 19. 00 CARDI NTREAPENTY 19. 00 RESPIRATORY THERAPY 19. 00 RESPIRATORY THERAPY 19. 00 RESPIRATORY THERAPY 19. 00 RESPIRATORY THERAPY 19. 00 TATA TORS 19. 00 TATA T	
HEALTH	13. 00
15. 00 PHARMACY RESIDNECY-BTH ALLI ED HEALTH  16. 00 ADULTS & PEDI ATRI CS 30. 00 0 31, 357, 987  17. 00 INTENSI VE CARE UNI T 31. 00 0 5, 494, 878  18. 00 CORONARY CARE UNI T 32. 00 0 3, 171, 385  19. 00 NURSERY 43. 00 0 2, 240, 068  20. 00 OPERATI NG ROOM 50. 00 0 5, 415, 096  21. 00 RECOVERY ROOM 51. 00 0 1, 072, 364  22. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 1, 373, 219  23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432  24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284  25. 00 CT SCAN 57. 00 0 1, 576, 931  26. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025  28. 00 LABORATORY 60. 00 0 276, 885  30. 00 RESPIRATORY THERAPY 65. 00 0 3, 576, 357	14. 00
ALLIED HEALTH  16. 00 ADULTS & PEDIATRICS	15. 00
16. 00 ADULTS & PEDIATRICS 17. 00 INTENSIVE CARE UNIT 18. 00 CORONARY CARE UNIT 18. 00 CORONARY CARE UNIT 19. 00 NURSERY 19. 00 OPERATING ROOM 19. 00 DELIVERY ROOM 19. 00 DELIVE	15.00
17. 00   INTENSIVE CARE UNIT   31. 00   0   5, 494, 878   18. 00   CORONARY CARE UNIT   32. 00   0   3, 171, 385   19. 00   NURSERY   43. 00   0   2, 240, 068   20. 00   OPERATING ROOM   50. 00   0   5, 415, 096   21. 00   RECOVERY ROOM   51. 00   0   1, 072, 364   22. 00   DELIVERY ROOM & LABOR ROOM   52. 00   0   1, 373, 219   23. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   3, 167, 432   24. 00   RADI OLOGY-THERAPEUTI C   55. 00   0   1, 943, 284   25. 00   CT SCAN   57. 00   0   1, 576, 931   26. 00   MAGNETI C RESONANCE I MAGI NG (MRI)   59. 00   0   2, 593, 025   28. 00   LABORATORY   60. 00   0   1, 279   29. 00   INTRAVENOUS THERAPY   64. 00   0   3, 576, 357	16. 00
18. 00 CORONARY CARE UNIT 32. 00 0 3, 171, 385 19. 00 NURSERY 43. 00 0 2, 240, 068 20. 00 OPERATI NG ROOM 50. 00 0 5, 415, 096 21. 00 RECOVERY ROOM 51. 00 0 1, 072, 364 22. 00 DELI VERY ROOM 52. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432 24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	17. 00
19. 00 NURSERY 43. 00 0 2, 240, 068 20. 00 OPERATING ROOM 50. 00 0 5, 415, 096 21. 00 RECOVERY ROOM 51. 00 0 1, 072, 364 22. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432 24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	18. 00
21. 00 RECOVERY ROOM 51. 00 1, 072, 364 22. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432 24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	19.00
22. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 1, 373, 219 23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432 24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	20.00
23. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 167, 432 24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	21. 00
24. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 1, 943, 284 25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETI C RESONANCE I MAGI NG (MR I) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	22. 00
25. 00 CT SCAN 57. 00 0 1, 576, 931 26. 00 MAGNETIC RESONANCE I MAGI NG (MRI) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	23. 00
26. 00 MAGNETIC RESONANCE I MAGING (MRI)  27. 00 CARDIAC CATHETERIZATION  28. 00 LABORATORY  29. 00 I NTRAVENOUS THERAPY  30. 00 RESPIRATORY THERAPY  65. 00  58. 00  0 562, 744  0 2, 593, 025  1, 279  276, 885  30. 00 RESPIRATORY THERAPY  65. 00  0 3, 576, 357	24. 00
(MRI ) 27. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 2, 593, 025 28. 00 LABORATORY 60. 00 0 1, 279 29. 00 I NTRAVENOUS THERAPY 64. 00 0 276, 885 30. 00 RESPI RATORY THERAPY 65. 00 0 3, 576, 357	25. 00
27. 00     CARDI AC CATHETERI ZATI ON     59. 00     0     2,593,025       28. 00     LABORATORY     60. 00     0     1,279       29. 00     I NTRAVENOUS THERAPY     64. 00     0     276, 885       30. 00     RESPI RATORY THERAPY     65. 00     0     3,576, 357	26. 00
28. 00     LABORATORY     60. 00     0     1, 279       29. 00     I NTRAVENOUS THERAPY     64. 00     0     276, 885       30. 00     RESPI RATORY THERAPY     65. 00     0     3, 576, 357	27.00
29. 00     I NTRAVENOUS THERAPY     64. 00     0     276, 885       30. 00     RESPI RATORY THERAPY     65. 00     0     3, 576, 357	27. 00
30. 00 RESPIRATORY THERAPY 65. 00 0 3, 576, 357	28. 00 29. 00
	30.00
31. 00   PHYSI CAL THERAPY   66. 00   0   3, 691, 030	31. 00
32. 00 OCCUPATI ONAL THERAPY 67. 00 0 944, 637	32. 00
33. 00   SPEECH PATHOLOGY   68. 00   0   322, 949	33. 00
34. 00 ELECTROCARDI OLOGY 69. 00 0 2, 578, 464	34. 00
35. 00   ELECTROENCEPHALOGRAPHY 70. 00 0 657, 859	35. 00
36. 00 ENDOSCOPY 76. 00 0 284, 476	36. 00
37. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 21, 495, 427	37. 00
SERVI CES	
38. 00 LUTHERWOOD PARTNERSHI P 76. 03 0 7, 325, 583	38. 00
39. 00   WOUND CARE CENTER   76. 04   0   530, 777	39. 00
40. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   8, 968, 339	40.00
41. 00   I MAGI NG CENTERS 76. 06 0 2, 425, 536	41.00
42. 00   CARDI AC   REHABI LI TATI ON   76. 97   0   611, 610   103, 901	42.00
43. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 192, 891 44. 00 HEALTHY HEARTS CENTER 90. 02 0 1. 842. 624	43.00
44. 00   HEALTHY HEARTS CENTER   90. 02   0   1, 842, 624   45. 00   I NFUSI ON CENTERS   90. 05   0   400, 840	44. 00 45. 00
46. 00 KNEE CENTER 90. 07 0 1, 531, 342	46. 00
47. 00 PALLIATIVE CARE 90. 08 0 11, 550	47. 00
48. 00 EMERGENCY 91. 00 0 10, 196, 318	48. 00
49. 00 RESEARCH 191. 00 0 400, 685	49. 00
50. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 131, 400	50.00
	·

In Lieu of Form CMS-2552-10

Health Financial Systems RECLASSIFICATIONS COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074 Peri od: Worksheet A-6
From 01/01/2016
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

					2/21/2017 9: 4	44 am
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
	2. 00	3.00	4.00	5. 00		
51.00	SCHOOL BASED CLINICS	194. 03	0	24, 431		51.00
	TOTALS		0	167, 507, 735		
	AO - DEFINED BENEFIT PENSION	RECLASS 2/2				
1.00	SMO-NON PROVIDER BASED	194. 04	0	535, 536		1.00
2.00	FAMILY PRACTICE MEDICINE	194. 05	0	2, 049, 680		2. 00
3.00	LI FECHECK	194. 07	0	287, 382		3. 00
4.00	GROUP HOMES AND MISC. N_R	194. 08	0	784, 415		4. 00
	CTRS					
	TOTALS		0	3, 657, 013		
500.00	Grand Total: Increases		10, 551, 446	340, 293, 404		500.00

Health Financial Systems RECLASSIFICATIONS

In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2016 To 12/31/2016

Date/Time Prepared: 2/27/2017 9:44 am

		D			L.	2/27/2017 9:4	44 am
	0+ 0+	Decreases	Callaria	0+1	 		
	Cost Center 6.00	Li ne #	Salary	Other 0.00	Wkst. A-7 Ref.		
		7.00	8.00	9. 00	10. 00		
1 00	A - Labor and Delivery Salary		2 005 410	0			1 00
1.00	ADULTS & PEDIATRICS	30.00	2, 905, 418	0			1.00
2.00		0.00	0	0	0		2. 00
	0		2, 905, 418	0			1
	B - Labor and Delivery Other				1		
1.00	ADULTS & PEDIATRICS	30.00		1, 331, 825			1.00
2.00	<u> </u>	<del> </del>	+				2. 00
			0	1, 331, 825			1
	C - Chargeable Medical Suppli						
1.00	ADULTS & PEDIATRICS	30.00	0	465, 590			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	395, 097	0		2. 00
3.00	CORONARY CARE UNIT	32. 00	0	69, 152			3. 00
4.00	OPERATING ROOM	50.00	0	5, 841, 795	1		4. 00
5. 00	RECOVERY ROOM	51.00	0	63			5. 00
6. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	13, 903	0		6. 00
7. 00	RADI OLOGY-THERAPEUTI C	55.00	0	400, 069			7. 00
8. 00	CT SCAN	57.00	0	169, 617	0		8. 00
9. 00	MAGNETIC RESONANCE IMAGING	58.00	0	3, 643	0		9. 00
	(MRI)						
10. 00	CARDIAC CATHETERIZATION	59.00	0	6, 391, 693			10.00
11. 00	I NTRAVENOUS THERAPY	64.00	0	2, 923			11. 00
12.00	RESPI RATORY THERAPY	65.00	0	87, 563	0		12. 00
13. 00	ELECTROENCEPHALOGRAPHY	70.00	0	25	0		13. 00
14.00	ENDOSCOPY	76.00	0	161, 757	0		14.00
15. 00	WOUND CARE CENTER	76.04	0	54, 502	0		15. 00
16.00	ONCOLOGY-CANCER CARE CENTER	76. 05	0	362, 402	0		16. 00
17.00	IMAGING CENTERS	76.06	0	99, 496	0		17. 00
18.00	HEALTHY HEARTS CENTER	90. 02	0	641	0		18. 00
19. 00	EMERGENCY	91.00	0	106, 075	0		19. 00
20.00	SURGERY CENTER EAST	194. 09	0	5, 423	0		20.00
21.00	CENTRAL SERVICES & SUPPLY	14.00	O	45, 279	0		21.00
	TOTALS — — — — —	T = T		14, 676, 708			
	D - Depreciation Expense						1
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5, 407	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6, 397, 396	0		2. 00
3.00	OPERATION OF PLANT	7.00	0	785, 023	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8.00	O	100	0		4.00
5.00	HOUSEKEEPI NG	9.00	O	11, 451	0		5.00
6.00	DI ETARY	10.00	O	53, 328	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	16, 119	1		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14.00	o	27, 169	1		8.00
9.00	PHARMACY	15. 00	o	34, 993			9.00
10.00	I&R SERVICES-OTHER PRGM	22.00	o	7, 994	1		10.00
	COSTS APPRVD			•			
11.00	ADULTS & PEDIATRICS	30.00	0	2, 011, 261	0		11. 00
12.00	INTENSIVE CARE UNIT	31.00	0	100, 263	0		12. 00
13.00	CORONARY CARE UNIT	32.00	0	20, 486	0		13. 00
14.00	OPERATING ROOM	50.00	0	1, 182, 606	0		14.00
15.00	RECOVERY ROOM	51.00	o	1, 432			15. 00
16. 00	RADI OLOGY-DI AGNOSTI C	54.00	O	421, 038	1		16. 00
17. 00	RADI OLOGY-THERAPEUTI C	55. 00	o	253, 721			17. 00
18. 00	CT SCAN	57. 00	o	226, 702			18. 00
19. 00	MAGNETIC RESONANCE I MAGING	58.00	ő	220, 702			19.00
55	(MRI)	55.50	٩	220, 300			
20. 00	CARDIAC CATHETERIZATION	59.00	o	795, 890	0		20.00
21. 00	LABORATORY	60.00	o	34, 901	0		21. 00
22. 00	INTRAVENOUS THERAPY	64.00	ol o	646			22. 00
23. 00	RESPIRATORY THERAPY	65.00	ol o	161, 390			23. 00
24. 00	PHYSI CAL THERAPY	66.00	ol o	95, 586	0		24. 00
25. 00	ELECTROCARDI OLOGY	69. 00	0	173, 801	0		25. 00
26. 00	ELECTROENCEPHALOGRAPHY	70.00	o	122, 221	0		26. 00
27. 00	RENAL DI ALYSI S	74.00	0	503			27. 00
28. 00	ENDOSCOPY	76.00	o	41, 341	0		28. 00
29. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	Ö	137, 550			29. 00
27.00	SERVICES	/0.01	9	137, 330	١		27.00
30. 00	LUTHERWOOD PARTNERSHIP	76. 03	o	61, 469	0		30.00
31. 00	WOUND CARE CENTER	76.03	0	10, 816	1		31.00
32. 00	ONCOLOGY-CANCER CARE CENTER	76. 05	0	3, 168, 227			32.00
33. 00	I MAGING CENTERS	76.06	٥	1, 019, 188			33.00
34. 00	CARDIAC REHABILITATION	76. 97	Ö	28, 492			34.00
35. 00	HEALTHY HEARTS CENTER	90. 02	0	33, 680			35. 00
36. 00	INFUSION CENTERS	90.02	0	19, 479			36.00
37. 00	KNEE CENTER	90.03	0	933, 440			37.00
38. 00	EMERGENCY	91.00	0	933, 440 127, 459			38.00
	IEWEKOENO I	71.00	Ч	127, 437	ı oı		

Health Financial Systems RECLASSIFICATIONS COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074 In Lieu of Form CMS-2552-10 Peri od: Worksheet A-6 From 01/01/2016 To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

						2017 9: 44 am
		Decreases				
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.	
	6.00	7. 00	8. 00	9. 00	10.00	22.22
39. 00 40. 00	PHYSICIANS' PRIVATE OFFICES FAMILY PRACTICE MEDICINE	192. 00 194. 05	0	55, 985	0	39. 00 40. 00
40.00	ILI FECHECK	194. 05	0	53, 657 1, 456		41. 00
42. 00	GROUP HOMES AND MISC. N R	194. 07	0	32, 092		42. 00
12.00	CTRS	171.00		02, 072		12.00
	0 — — — — —			18, 886, 391		
	E - Radiology Support Salary					
1.00	RADI OLOGY-DI AGNOSTI C	54.00	669, 426	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	O O	0		3.00
4. 00	TOTALS — — — —		669, 426	0		4. 00
	F - Radiology Support Other		009, 420	U		
1.00	RADI OLOGY-DI AGNOSTI C	54.00		214, 023		1. 00
2.00				,		2. 00
3.00						3. 00
4.00						4. 00
			0	214, 023		
	G - Capital Insurance Costs	- aal		074 (17		
1. 00	ADMI NI STRATI VE & GENERAL		0	27 <u>1, 6</u> 67		1.00
	H - Implantable Device Reclas		UU	271, 667		
1. 00	CENTRAL SERVICES & SUPPLY	14.00	0	1, 485, 405	0	1. 00
2. 00	INTENSIVE CARE UNIT	31.00	Ö	45, 124		2. 00
3.00	OPERATING ROOM	50.00	Ö	10, 233, 246		3. 00
4.00	RADI OLOGY-THERAPEUTI C	55.00	0	106, 228	l I	4. 00
5.00	CARDIAC CATHETERIZATION	59.00	0	9, 884, 292	0	5. 00
6.00	ENDOSCOPY	76. 00	0	7, 628		6. 00
7.00	SURGERY CENTER EAST	194.09	•	<u>4, 8</u> 19		7. 00
	0		0	21, 766, 742		
1. 00	I - Interest Expense	F 00	ol	7 000 240	11	1 00
1.00	ADMI NI STRATI VE & GENERAL			7, 008, 240 7, 008, 240		1.00
	J - Residents Costs		<u> </u>	7,000,240		
1.00	I &R SERVICES-OTHER PRGM	22. 00	3, 105, 665	672, 207	0	1. 00
	COSTS APPRVD					
	0		3, 105, 665	672, 207		
	K - Other Capital Rental		-T	0.4.000		4.00
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24, 838		1.00
2. 00 3. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	0	2, 097, 232 66, 880	l I	2. 00 3. 00
4. 00	HOUSEKEEPI NG	9.00	0	3, 712	1	4. 00
5. 00	DI ETARY	10.00	Ö	17, 661	o o	5. 00
6.00	NURSING ADMINISTRATION	13.00	0	1, 867	O	6. 00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1, 303, 596	o	7. 00
8.00	PHARMACY	15. 00	0	693, 460		8. 00
9. 00	MEDICAL RECORDS & LIBRARY	16. 00	0	293		9. 00
10.00	SOCI AL SERVI CE	17.00	0	969	l .	10.00
11. 00	I &R SERVICES-OTHER PRGM COSTS APPRVD	22. 00	0	25, 825	0	11. 00
12. 00	EMS TRAINING-ALLIED HEALTH	23. 00	0	41, 117	0	12. 00
13. 00	ADULTS & PEDIATRICS	30. 00	o	29, 305	l l	13. 00
14.00	INTENSIVE CARE UNIT	31.00	O	588	l I	14. 00
15.00	CORONARY CARE UNIT	32. 00	0	165	0	15. 00
16. 00	OPERATING ROOM	50.00	0	472, 111	0	16. 00
17. 00	RECOVERY ROOM	51.00	0	1, 327	0	17. 00
18.00	RADI OLOGY - DI AGNOSTI C	54.00	0	46, 611	0	18. 00
19. 00	RADI OLOGY-THERAPEUTI C	55.00	0	584	0	19.00
20. 00 21. 00	CT SCAN MAGNETIC RESONANCE IMAGING	57. 00 58. 00	0	173 346	l I	20. 00 21. 00
21.00	(MRI)	30.00	٩	340		21.00
22. 00	CARDIAC CATHETERIZATION	59.00	О	3, 611	0	22. 00
23. 00	LABORATORY	60.00	o	206	l I	23. 00
24. 00	I NTRAVENOUS THERAPY	64.00	О	418	0	24. 00
25. 00	RESPIRATORY THERAPY	65.00	0	28, 253	l I	25. 00
26. 00	PHYSI CAL THERAPY	66.00	0	812, 689	l I	26. 00
27. 00	ELECTROCARDI OLOGY	69.00	0	136, 425	l I	27. 00
28. 00 29. 00	ELECTROENCEPHALOGRAPHY RENAL DI ALYSI S	70.00	0	57, 370	l I	28. 00 29. 00
29. 00 30. 00	ENDOSCOPY	74. 00 76. 00	ol Ol	298 550	0	30.00
31. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 00 76. 01	0	1, 326, 931	0	31.00
51.00	SERVI CES	, 0. 01	9	., 020, 701		31.00
32.00	LUTHERWOOD PARTNERSHIP	76. 03	0	1, 115, 197	0	32. 00
33. 00	WOUND CARE CENTER	76. 04	О	86	1	33. 00
	<u>`</u>	•	·		· · · · · · · · · · · · · · · · · · ·	

Health Financial Systems RECLASSIFICATIONS COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074 In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 2/27/2017 9: 44 am

Const. Center			Decreases				2/27/2017 9:4	44 am
1.00   1.00		Cost Contor		Salary	Othor	Wkst A 7 Dof		
34. 00   DIACO DECEMBER CARP CENTER   76. 05   0   423, 631   0   0   35. 00   35. 00   36.								
19.00   MAGING CENTISTS   76.06   0   281, 614   0   35.00	24 00							24.00
36.00   CARDIAC REMBELLIATION   76.97   0   104.928   0   35.00   36.00   37.00   136.10   136.10   136.10   37.00   136.10   37.00   38.00				•				1
17.00	35.00	I MAGING CENTERS		•				1
INFUSE ON CERTERS   00.05				•				1
0.00		1		-		- 1		1
0.00     0.00				-		- 1		1
41.00   CASSARCH   191.00   1,748   0   41.00   42.00   43.00   74.00   75.70   0   42.00   43.00   74.00   75.70   0   43.00   44.0				0				
A		l control of the cont		0		- 1		1
43.00   FAMILY PRACTICE MEDIC NE		l control of the cont				- 1		1
1.00	42. 00			0	201, 760	0		1
SOUR PICKETS AND MISC. N.R.	43.00	FAMILY PRACTICE MEDICINE	194. 05	0	696, 223	0		
CTRS	44.00	LI FECHECK	194.07	0	20, 447	0		44.00
1.00   CAP REL COSTS-WELE EQUIP   2.00   0   8.328.239   9   1.00	45.00	GROUP HOMES AND MISC. N_R	194. 08	0	76, 770	0		45. 00
No.   Company   No.		CTRS						
1.00		0		0	10, 371, 770			
1.00   DIFTARY		M - Depreciation by CC						1
1.00   DIFTARY	1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8, 328, 239	9		1.00
No								
1.00		N - Cafeteria Salary		-1	-,,	l l		1
1.00	1 00		10.00	1 754 744				1 1 00
1.00	00							
1.00   DEFARY		O - Cafeteria Reclass		1, 701, 711				1
1.00   PHARMACY	1 00		10.00		2 142 455			1 00
R - Pharm Resident Costs   15,00   172,790   0   1.00	1.00	DIE17001		— — — <del>/</del>				1.00
PHARMACY		D Dharm Dosidont Costs		U <sub>I</sub>	2, 142, 433			1
1.00	1 00		15 00	172 700				1 00
S - Pharmacy Residency Reclass   1.00   279,637	1.00	PHARIMACT			— — <u> </u>	— — — +		1.00
1.00		C. Dharmany Dani danny Dani as		172, 790	U			1
T - Drugs Charges to Pat	1 00				270 (27			1 00
T - Drugs Charges to Pat	1.00	PHARMACY		+		+		1.00
1.00   HOUSEKEEPING				U <sub>I</sub>	279, 637			-
2.00 DIETARY								
3. 00 NURSI NG ADMIN ISTRATION   12. 00   0   15. 600   0   4. 00   0   0   0   0   0   0   0   0   0								1
4. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 8, 119 0 5.00   6. 00 ADULTS & PEDIATRICS 30.00 0 136, 6975 0 5.00   6. 00 ADULTS & PEDIATRICS 30.00 0 136, 6975 0 6.00   7. 00 INTENSIVE CARE UNIT 31. 00 0 39, 778 0 7. 00   8. 00 COROMARY CARE UNIT 32. 00 0 26, 796 0 8. 00   9. 00 OPERATING ROOM 50. 00 0 125, 629 0 9. 00   11. 00 RADI DLOGY-PIRAPPEUTIC 54. 00 0 64, 560 0 11. 00   RADI DLOGY-PIRAPPEUTIC 55. 00 0 8. 580 0 12. 00   13. 00 CT SCAN 55. 00 0 155, 516 0 13. 00   14. 00 MACHETIC RESONANCE IMAGING 56. 00 0 155, 516    15. 00 CARDI ACC STREET ACTION 59. 00 0 81 0 0 14. 00 MACHETIC RESONANCE IMAGING 56. 00 0 14. 00 MACHETIC RESONANCE IMAGING 56. 00 0 15. 00   16. 00 LABORATORY 64. 00 0 6. 46, 369 0 15. 00 16.		l .				- 1		1
5.00   PHARMACY						- 1		
6. 00 ADULTS & PEDIATRICS 30. 00 0 136, 975 0 7. 00 8. 00 INTENSIVE CARE UNIT 31. 00 0 39, 778 0 7. 00 8. 00 CORONARY CARE UNIT 32. 00 0 26, 796 0 8. 00 9. 00 OPERATING ROOM 50. 00 0 125, 629 0 9. 00 9. 00 OPERATING ROOM 50. 00 0 125, 629 0 9. 00 11. 00 RADIOLOGY-DIAGNOSTIC 54. 00 0 64, 560 0 11. 00 12. 00 RADIOLOGY-DIAGNOSTIC 55. 00 0 8. 580 0 12. 00 13. 00 CT SCAN 57. 00 0 155, 516 0 13. 00 14. 00 MAGNETIC RESONANCE IMAGING 58. 00 0 64, 369 0 14. 00 16. 00 LABORATORY 60. 00 0 64, 369 0 14. 00 17. 00 CARDIAC ATHERIZATION 59. 00 0 76, 924 0 15. 00 17. 00 INTRAVENOUS THERAPY 60. 00 0 81 0 16. 00 18. 00 RESPIRATORY THERAPY 64. 00 0 357 0 17. 00 19. 00 PHYSICAL THERAPY 65. 00 0 18, 567 0 19. 00 21. 00 RENAL DIALYSIS 74. 00 0 18, 189 0 20. 00 21. 00 RENAL DIALYSIS 74. 00 0 937 0 20. 00 21. 00 RENAL DIALYSIS 74. 00 0 937 0 20. 00 22. 00 ELECTROCARD LOGY 76. 00 0 10 48, 260 0 23. 00 23. 00 SYCHIATRI CPSYCHOLOGICAL 76. 01 0 48, 260 0 23. 00 25. 00 WOUND CARE CENTER 76. 07 0 128 0 29. 00 26. 00 DECREATERS 76. 06 0 48, 504 0 29. 00 27. 00 IMAGING CENTERS 76. 06 0 48, 504 0 29. 00 28. 00 WOUND CARE CENTER 76. 07 0 128 0 29. 00 29. 00 HAGING RESONANCE RESONAN						-1		1
7. 00   INTENSIVE CARE UNIT   31. 00   0   39,778   0   7. 00   8. 00   CORONARY CARE UNIT   32. 00   0   26,796   0   8. 00   9. 00   OPERATING ROOM   50. 00   0   125,629   0   9. 00   10. 00   RECOVERY ROOM   51. 00   0   1,893   0   10. 00   11. 00   RADIO LOCY-JU AGNOSTIC   54. 00   0   64,560   0   11. 00   12. 00   RADIO LOCY-JU AGNOSTIC   55. 00   0   8,580   0   12. 00   14. 00   RADIO LOCY-JU AGNOSTIC   55. 00   0   8,580   0   12. 00   14. 00   RADIO LOCY-JU AGNOSTIC   55. 00   0   155,516   0   0   13. 00   14. 00   MAGNETIC RESONANCE I MAGING   58. 00   0   46,369   0   0   14. 00   15. 00   CARDIAC CATHETERIZATION   59. 00   0   76,924   0   15. 00   16. 00   LABORATORY   60. 00   0   81   0   16. 00   17. 00   INTRAVENOUS THERAPY   64. 00   0   357   0   17. 00   18. 00   RESPIRATORY THERAPY   65. 00   0   4,414   0   18. 00   19. 00   PHYSI CAL THERAPY   66. 00   0   18, 189   0   20. 00   22. 00   ELECTROCARDIO LOGY   69. 00   0   18, 189   0   20. 00   23. 00   SEVICH ATRI C/PSYCHOLOGI CAL   76. 01   0   48, 260   0   23. 00   SEVICH ATRI C/PSYCHOLOGI CAL   76. 01   0   48, 260   0   24. 00   LUTHERWOOD PARTNERSHI P   76. 03   0   28, 437   0   24. 00   25. 00   WOUND CARE CENTER   76. 05   0   46, 743, 921   0   25. 00   26. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   48, 504   0   27. 00   28. 00   BERAST DIAGNOSTIC CENTER   76. 07   0   128   0   29. 00   29. 00   BERAST DIAGNOSTIC CENTER   76. 07   0   128   0   29. 00   29. 00   BERAST DIAGNOSTIC CENTER   76. 07   0   128   0   29. 00   29. 00   BERAST DIAGNOSTIC CENTER   76. 07   0   128   0   29. 00   29. 00   DERCHATTER   90. 05   0   1, 770   0   31. 00   29. 00   DERCHATTER   90. 05   0   1, 170   0   33. 00   29. 00   PHYSI CAL THERAPY   66. 00   0   1, 170   0   34. 00   20. 00   PHYSI CAL THERAPY   66. 00   0   1, 170   0   34. 00   20. 00   PHYSI CAL THERAPY   66. 00   0   1, 170   0   34. 00   20. 00   PHYSI CAL THERAPY   66. 00   0   1, 170   0   34. 00   20. 00   PHYSI CAL THERAPY   66. 00   0   0   0   0   0   0   20. 00	5.00	PHARMACY	15. 00	0	10, 699, 195	0		5. 00
8. 00 CORONARY CARE UNIT 32. 00 0 26, 796 0 9, 90 0 9, 00 OPERATING ROOM 50. 00 0 125, 629 0 0 9, 00 0 10. 00 0 0 125, 629 0 0 9, 00 10. 00 0 11. 00 0 0 0	6.00	ADULTS & PEDIATRICS	30.00	0	136, 975	0		6. 00
9. 00   OPERATI ING ROOM   50. 00   0   125, 629   0   9, 00   10. 00   RECOVERY ROOM   51. 00   0   1.893   0   10. 00   11. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   64, 560   0   12. 00   RADI OLOGY-THERAPEUTI C   55. 00   0   8.580   0   12. 00   13. 00   CT SCAN   57. 00   0   155, 516   0   13. 00   14. 00   MAGNETI C RESONANCE I IMAGI NG (MR I)   1.00   15. 00   CARDIAC CATHETERI ZATI ON   59. 00   0   76, 924   0   15. 00   16. 00   LABORATORY   60. 00   0   81   0   16. 00   17. 00   INTRAVENOUS THERAPY   64. 00   0   357   0   17. 00   18. 00   RESPIRATORY THERAPY   65. 00   0   4, 414   0   18. 00   19. 00   PHYSI CAL THERAPY   66. 00   0   1.567   0   20. 00   ELECTROCARDI OLOGY   69. 00   0   18. 189   0   21. 00   REDNOSCOPY   76. 00   0   377   0   22. 00   ENDOSCOPY   76. 00   0   48. 260   0   23. 00   PSYCHI ATRI C/PSYCHOLOGI CAL   76. 01   0   48. 260   0   25. 00   WOUND CARE CENTER   76. 03   0   28. 437   0   22. 00   25. 00   UNUDU CARE CENTER   76. 04   0   1. 442   0   25. 00   27. 00   IMAGI NG CENTERS   76. 04   0   1. 442   0   25. 00   27. 00   IMAGING CENTERS   76. 06   0   48. 504   0   27. 00   28. 00   HEALTHY HEARTS CENTER   76. 05   0   44. 73. 921   0   26. 00   29. 00   HEALTHY HEARTS CENTER   90. 07   0   32. 00   29. 00   HEALTHY HEARTS CENTER   90. 07   0   35. 516   0   31. 00   CAMPAIS CENTER   90. 07   0   35. 516   0   32. 00   EMERGENCY   91. 00   0   180, 193   0   33. 00   PHYSI CAL THERAPY   66. 00   0   1, 770   0   34. 00   LABORATOR   LABORA	7.00	INTENSIVE CARE UNIT	31.00	O	39, 778	o		7. 00
9. 00   OPERATI ING ROOM   50. 00   0   125, 629   0   9, 00   10. 00   RECOVERY ROOM   51. 00   0   1.893   0   10. 00   11. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   64, 560   0   12. 00   RADI OLOGY-THERAPEUTI C   55. 00   0   8.580   0   12. 00   13. 00   CT SCAN   57. 00   0   155, 516   0   13. 00   14. 00   MAGNETI C RESONANCE I IMAGI NG (MR I)   1.00   15. 00   CARDIAC CATHETERI ZATI ON   59. 00   0   76, 924   0   15. 00   16. 00   LABORATORY   60. 00   0   81   0   16. 00   17. 00   INTRAVENOUS THERAPY   64. 00   0   357   0   17. 00   18. 00   RESPIRATORY THERAPY   65. 00   0   4, 414   0   18. 00   19. 00   PHYSI CAL THERAPY   66. 00   0   1.567   0   20. 00   ELECTROCARDI OLOGY   69. 00   0   18. 189   0   21. 00   REDNOSCOPY   76. 00   0   377   0   22. 00   ENDOSCOPY   76. 00   0   48. 260   0   23. 00   PSYCHI ATRI C/PSYCHOLOGI CAL   76. 01   0   48. 260   0   25. 00   WOUND CARE CENTER   76. 03   0   28. 437   0   22. 00   25. 00   UNUDU CARE CENTER   76. 04   0   1. 442   0   25. 00   27. 00   IMAGI NG CENTERS   76. 04   0   1. 442   0   25. 00   27. 00   IMAGING CENTERS   76. 06   0   48. 504   0   27. 00   28. 00   HEALTHY HEARTS CENTER   76. 05   0   44. 73. 921   0   26. 00   29. 00   HEALTHY HEARTS CENTER   90. 07   0   32. 00   29. 00   HEALTHY HEARTS CENTER   90. 07   0   35. 516   0   31. 00   CAMPAIS CENTER   90. 07   0   35. 516   0   32. 00   EMERGENCY   91. 00   0   180, 193   0   33. 00   PHYSI CAL THERAPY   66. 00   0   1, 770   0   34. 00   LABORATOR   LABORA	8.00	CORONARY CARE UNIT	32.00	o	26, 796	o		8.00
10.00   RECOVERY ROOM   51.00   0   1.893   0   10.00   11.00   RADI OLOGY-DI AGNOSTIC   54.00   0   64.560   0   11.00   11				ol		o		
11. 00				o		O		1
12.00   RADIOLOGY-THERAPEUTIC   55.00   0   8.580   0   12.00     13.00   CT SCAN   57.00   0   155.516   0   13.00     14.00   MAGNETIC RESONANCE I MAGI NG   58.00   0   46.369   0     14.00   MAGNETIC RESONANCE I MAGI NG   58.00   0   46.369   0     15.00   CARDI AC CATHETERI ZATI ON   59.00   0   76.924   0   15.00     16.00   LABORATORY   60.00   0   81   0   16.00     17.00   INTRAVENOUS THERAPY   64.00   0   357   0   17.00     18.00   RESPI RATORY THERAPY   65.00   0   4.414   0   18.00     19.00   PHYSI CAL THERAPY   66.00   0   1.567   0   19.00     10.00   ELECTROCARDIOLOGY   69.00   0   18.189   0   20.00     21.00   ENDOSCOPY   76.00   0   10   0   22.00     22.00   ENDOSCOPY   76.00   0   10   0   22.00     23.00   SERVI CES   20.00   20.00     24.00   LUTHERWOD PARTNERSHI P   76.03   0   28.437   0   24.00     25.00   MOUND CARE CENTER   76.05   0   46.743, 921   0   25.00     20.00   ONCOLOGY-CANCER CARE CENTER   76.05   0   48.504   0   27.00     28.00   BREAST DI AGNOSTIC CENTER   76.05   0   48.504   0   27.00     29.00   HEALTHY HEARTS CENTER   90.02   0   148   0   29.00     29.00   HEALTHY HEARTS CENTER   90.02   0   148   0   29.00     31.00   KNEE CENTER   90.07   0   35.516   0   31.00     33.00   FAMILY HEARTS CENTER   90.07   0   35.516   0     20.00   PHYSI CAL THERAPY   90.07   0   35.516   0     20.00   PHYSI CAL THERAPY   90.07   0   36.00     20.00   PHYSI CAL THERAPY   91.00   0   0   0   0     20.00   10.00   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0   0   0   0   0      20.00   10.00   0   0   0   0				0		0		1
13. 00   CT SCAN		l .		-		- 1		1
14. 00 MAGNETI C RESONANCE I MAGI NG (MRT)  15. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 76, 924 0 15. 00  16. 00 LABORATORY 60. 00 0 81 0 16. 00  17. 00 I INTRAVENOUS THERAPY 64. 00 357 0 17. 00  18. 00 RESPI RATORY THERAPY 65. 00 0 4, 414 0 18. 00  19. 00 PHYSI CAL THERAPY 66. 00 0 1, 567 0 19. 00  21. 00 REAL DI ALYSI S 74. 00 0 937 0 22. 00  22. 00 ENDOSCOPY 76. 00 0 10 0 22. 00  23. 00 PSYCHI ATRI C /PSYCHOLOGI CAL 76. 01 0 48, 260 0 23. 00  25. 00 WOUND CARE CENTER 76. 03 0 28, 437 0 22. 00  26. 00 ON COLOGY-CANCER CARE CENTER 76. 05 0 46, 743, 921 0 26. 00  27. 00 IMAGING CENTERS 90. 05 0 12, 007, 270 0 30. 00  28. 00 BREAST DI AGNOSTI C CENTER 76. 07 0 128 0 29. 00  29. 00 HALTHY HEARTS CENTER 90. 05 0 12, 007, 270 0 30. 00  31. 00 KNEE CENTERS 90. 05 0 18, 189 0 0 29. 00  31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00  31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00  31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 770 0 33. 00  31. 00 FAMIL LY PRACTI CE MEDI CI NE 91. 00 97, 61. 60 91. 00 97, 61. 60 91. 00 97. 0				•		- 1		
MRI		l .		-1		- 1		
15. 00 CARDÍAC CATHETERIZATION 59. 00 0 76, 924 0 15. 00 16. 00 LABORATORY 60. 00 0 81 0 0 16. 00 17. 00 INTRAVENOUS THERAPY 64. 00 0 357 0 17. 00 18. 00 RESPIRATORY THERAPY 65. 00 0 4, 414 0 0 18. 00 19. 00 PHYSI CAL THERAPY 66. 00 0 1, 567 0 19. 00 21. 00 PHYSI CAL THERAPY 66. 00 0 18, 189 0 20. 00 21. 00 RENAL DI ALYSIS 74. 00 0 937 0 21. 00 22. 00 ELECTROCARDIOLOGY 76. 00 0 10 0 22. 00 23. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 48, 260 0 23. 00 SERVI CES 76. 04 0 1, 442 0 23. 00 24. 00 LUTHERWOOD PARTNERSHI P 76. 03 0 28, 437 0 24. 00 25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 00 WOUND CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 27. 00 IMAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 28. 00 BREAST DI LAGNOSTI C CENTER 76. 07 0 128 0 29. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 INFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 33. 00 33. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 70, 611, 682 0 0 - Therapy Sal arry  1. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.00		30.00	٩	40, 307	o <sub>l</sub>		14.00
16. 00 LABORATORY 60. 00 0 81 0 16. 00 17. 00 INTRAVENOUS THERAPY 64. 00 0 357 0 17. 00 INTRAVENOUS THERAPY 65. 00 0 4. 4.14 0 18. 00 19. 00 PHYSI CAL THERAPY 66. 00 0 4. 4.14 0 19. 00	15 00		59 00	0	76 924	0		15 00
17. 00   INTRAVENOUS THERAPY				- 1		-		1
18. 00 RESPIRATORY THERAPY 65. 00 0 4, 414 0 19.00 19.00 19.00 PHYSI CAL THERAPY 66. 00 0 1, 567 0 19. 00 20. 00 ELECTROCARDI OLOGY 69. 00 0 18, 189 0 20. 00 21. 00 RENAL DI ALYSI S 74. 00 0 937 0 21. 00 22. 00 ENDOSCOPY 76. 00 0 10 0 22. 00 23. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 48, 260 0 23. 00 SERVI CES 24. 00 LUTHERWOOD PARTNERSHI P 76. 03 0 28, 437 0 24. 00 25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 WOUND CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 1MAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 1 MAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 1 MAGI NG CENTERS 76. 07 0 128 0 28. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 INFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 34, 582 0 32. 00 33. 00 BHEALTHY HEARTS CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 33. 00 PHYSI CIANS PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 EMERGENCY 91. 00 0 1, 770 0 33. 00 1 FAMI LY PRACTI CE MEDI CI NE 194. 05 0 180, 193 0 0 1 1. 00 2. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l control of the cont		•				1
19. 00 PHYSI CAL THERAPY 66. 00 0 1, 567 0 20. 00 20. 00 ELECTROCARDI OLOGY 69. 00 0 18, 189 0 20. 00 21. 00 RENAL DI ALYSIS 74. 00 0 937 0 21. 00 22. 00 ENDOSCOPY 76. 00 0 10 0 22. 00 23. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 48, 260 0 23. 00 SERVI CES				0		0		
20. 00   ELECTROCARDI OLOGY   69. 00   0   18, 189   0   20. 00   21. 00   RENAL DI ALYSI S   74. 00   0   937   0   22. 00   ENDOSCOPY   76. 00   0   10   0   23. 00   PSYCHI ATRI C/PSYCHOLOGI CAL   76. 01   0   48, 260   0   24. 00   SERVI CES   76. 03   0   28, 437   0   25. 00   WOUND CARE CENTER   76. 04   0   1, 442   0   26. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   46, 743, 921   0   27. 00   IMAGI NG CENTERS   76. 06   0   48, 504   0   28. 00   BREAST DI AGNOSTI C CENTER   76. 07   0   128   0   29. 00   HEALTHY HEARTS CENTER   90. 02   0   148   0   29. 00   INFUSI ON CENTERS   90. 05   0   12, 007, 270   0   31. 00   KNEE CENTER   90. 07   0   35, 516   0   32. 00   EMERGENCY   91. 00   0   34, 582   0   33. 00   FAMI LY PRACTI CE MEDI CI NE   194. 05   0   0   Therapy Sal arry   1. 00   0   1. 00   PHYSI CAL THERAPY   66. 00   1, 178, 469   0   0   0   0   0   0   0   0   0   0				0		0		
21. 00 RENAL DI ALYSI S 74. 00 0 937 0 21. 00 22. 00 ENDOSCOPY 76. 00 0 10 0 23. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 56. 01 0 48, 260 0 SERVI CES 23. 00 24. 00 LUTHERWOOD PARTNERSHI P 76. 03 0 28, 437 0 24. 00 25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 26. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 27. 00 IMAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 28. 00 BREAST DI AGNOSTI C CENTER 76. 07 0 128 0 28. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 INFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 33. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 FAMI LY PRACTI CE MEDI CI NE 194. 05 0 180, 193 0 0 1. 00 31. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•				
22. 00 ENDOSCOPY 76. 00 0 10 0 22. 00 23. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 48, 260 0  24. 00 LUTHERWOOD PARTNERSHI P 76. 03 0 28, 437 0 24. 00 25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 26. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 27. 00 I MAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 28. 00 BREAST DI AGNOSTI C CENTER 76. 07 0 128 0 28. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 I NFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 33. 00 PHYSI CI ANIS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 FAMI LY PRACTI CE MEDI CI NE 194. 05 0 70, 611, 682 0 10. 0 70, 611, 682 0 10. 00  1. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-		
23. 00				- 1		-		1
SERVI CES				-	10	-		1
24. 00 LUTHERWOOD PARTNERSHIP 76. 03 0 28, 437 0 25. 00 25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 26. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 27. 00 I MAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 28. 00 BREAST DI AGNOSTI C CENTER 76. 07 0 128 0 28. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 I NFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 33. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00  1. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23.00		76. 01	0	48, 260	0		23. 00
25. 00 WOUND CARE CENTER 76. 04 0 1, 442 0 25. 00 26. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 46, 743, 921 0 26. 00 27. 00 I MAGI NG CENTERS 76. 06 0 48, 504 0 27. 00 28. 00 BREAST DI AGNOSTI C CENTER 76. 07 0 128 0 28. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 I NFUSI ON CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 30. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 33. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 FAMI LY PRACTI CE MEDI CI NE 194. 05 0 180, 193 0 0 0 0 70, 611, 682 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
26. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   46, 743, 921   0   26. 00   27. 00   IMAGING CENTERS   76. 06   0   48, 504   0   27. 00   28. 00   BREAST DI AGNOSTIC CENTER   76. 07   0   128   0   28. 00   29. 00   HEALTHY HEARTS CENTER   90. 02   0   148   0   29. 00   30. 00   INFUSI ON CENTERS   90. 05   0   12, 007, 270   0   30. 00   31. 00   KNEE CENTER   90. 07   0   35, 516   0   31. 00   32. 00   EMERGENCY   91. 00   0   84, 582   0   32. 00   33. 00   PHYSI CI ANS' PRI VATE OFFI CES   192. 00   0   1, 770   0   33. 00   34. 00   FAMI LY PRACTI CE MEDI CI NE   194. 05   0   180, 193   0   0   U - Therapy Sal ary    1. 00   PHYSI CAL THERAPY   66. 00   1, 178, 469   0   0   0   2. 00   0   0   0   0   0   2. 00				0		- 1		1
27. 00	25.00	WOUND CARE CENTER	76.04	0	1, 442	0		25. 00
28. 00 BREAST DIAGNOSTIC CENTER 76. 07 0 128 0 29. 00 29. 00 HEALTHY HEARTS CENTER 90. 02 0 148 0 29. 00 30. 00 INFUSION CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 34. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 1, 770 0 33. 00 34. 00 FAMILLY PRACTI CE MEDI CI NE 194. 05 0 180, 193 0 34. 00 U - Therapy Sal ary  1. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26.00	ONCOLOGY-CANCER CARE CENTER	76. 05	0	46, 743, 921	0		26. 00
29. 00 30. 00 INFUSION CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 180, 193 0 10 1 100	27.00	I MAGING CENTERS	76.06	O	48, 504	o		27. 00
29. 00 30. 00 INFUSION CENTERS 90. 05 0 12, 007, 270 0 30. 00 31. 00 KNEE CENTER 90. 07 0 35, 516 0 31. 00 32. 00 EMERGENCY 91. 00 0 84, 582 0 32. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 180, 193 0 10 1 100	28. 00	BREAST DIAGNOSTIC CENTER	76. 07	O	128	o		28. 00
30. 00   INFUSI ON CENTERS   90. 05   0   12, 007, 270   0   30. 00   31. 00   31. 00   31. 00   35, 516   0   31. 00   32. 00   EMERGENCY   91. 00   0   84, 582   0   32. 00   33. 00   PHYSI CI ANS' PRI VATE OFFI CES   192. 00   0   1, 770   0   33. 00   34. 00   0   0   0   0   0   0   0   0   0				ol		o		
31. 00				ol o		-		
32. 00   EMERGENCY   91. 00   0   84, 582   0   32. 00   33. 00   PHYSI CI ANS' PRI VATE OFFI CES   192. 00   0   1, 770   0   0   33. 00   34. 00   0   0   0   0   0   0   0   0   0				٥		0		1
33. 00				0		-		1
34. 00 FAMI LY PRACTICE MEDICINE 194. 05 0 180, 193 0 0 0 70, 611, 682 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l .				-		
0								
1. 00     PHYSI CAL THERAPY     66. 00     1, 178, 469     0     0     1. 00       2. 00     0     0     0     0     0     2. 00	34.00	O TOWN LI FRACTI CE MEDICINE _	194.05	— — 兴				34.00
1. 00 PHYSI CAL THERAPY 66. 00 1, 178, 469 0 0 1. 00 2. 00 0 0 0 2. 00		U Thorany Salary		U	70, 011, 082			1
2.00 0.00 0 0 0 2.00	1 00		44.00	1 170 4/0	^			1 00
		PRISICAL INEKAPY						1
U   1, 1/0, 404  U	∠. ∪∪	<u> </u>						2.00
		10	ı l	1, 170, 409	U	ı		I

In Lieu of Form CMS-2552-10 Health Financial Systems

RECLASSI FI CATIONS Provider CCN: 15-0074 Peri od: Worksheet A-6 From 01/01/2016 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 V - Therapy Other PHYSI CAL THERAPY 1.00 66.00 468, 478 1.00 2.00 2.00 468, 478 AA - HYPERBARIC OXYGEN THERAPY SALARY 1.00 WOUND CARE CENTER 76.04 179, 330 1.00 179, 330 0 AB - HBOT Other 76. 04 1.00 WOUND CARE CENTER 535, 257 1.00 535, 257 AE - EMS School Allied Health 1.00 ADMINISTRATIVE & GENERAL 5.00 400 1.00 2.00 ADULTS & PEDIATRICS 30.00 596 2.00 3.00 CORONARY CARE UNIT 32.00 447 3.00 DELIVERY ROOM & LABOR ROOM 2,073 4 00 52 00 4 00 5.00 CARDIAC CATHETERIZATION 59.00 1, 349 5.00 6.00 RESPIRATORY THERAPY 65.00 1, 112 6.00 ELECTROCARDI OLOGY 7.00 69.00 950 7.00 EMERGENCY 91. 00 8.00 33, 370 8.00 Ō 40, 297 AF - EMS School Allied Health 5.00 1.00 ADMINISTRATIVE & GENERAL 83 1.00 2.00 EMS TRAINING-ALLIED HEALTH 23.00 12, 113 2.00 ADULTS & PEDIATRICS 30.00 3.00 124 3.00 4.00 CORONARY CARE UNIT 32.00 93 4.00 OPERATING ROOM 5.00 50.00 1,450 5 00 6.00 DELIVERY ROOM & LABOR ROOM 52.00 429 6.00 CARDIAC CATHETERIZATION 59.00 280 7.00 7.00 RESPIRATORY THERAPY 8.00 65.00 230 8.00 9.00 ELECTROCARDI OLOGY 69.00 197 9 00 14, 999 AG - STD BENEFIT RECLASS 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 3. 708 0 1.00 0 2.00 ADMINISTRATIVE & GENERAL 5.00 8, 751 0 0 2.00 3.00 OPERATION OF PLANT 7.00 18, 152 0 0 3.00 0 4.00 HOUSEKEEPI NG 9.00 16, 784 0 4.00 0 DI ETARY 5.00 10.00 16, 035 0 5.00 NURSING ADMINISTRATION 6.00 13.00 5,050 0 6.00 CENTRAL SERVICES & SUPPLY 7.00 14.00 1,083 0 0 7.00 0 8.00 PHARMACY 15.00 23, 830 0 8.00 MEDICAL RECORDS & LIBRARY 12, 257 0 9.00 16.00 0 9 00 10.00 SOCIAL SERVICE 17.00 8, 578 0 0 10.00 I&R SERVICES-OTHER PRGM 0 11.00 22.00 64, 480 11.00 COSTS APPRVD 0 12 00 ADULTS & PEDIATRICS 162, 977 30.00 0 12 00 13.00 INTENSIVE CARE UNIT 31.00 27,868 0 0 13.00 14.00 CORONARY CARE UNIT 32.00 26, 535 0 14.00 OPERATING ROOM 50.00 0 0 15.00 11, 630 15.00 0 1,090 RECOVERY ROOM 51.00 0 16.00 16.00 17.00 RADI OLOGY-DI AGNOSTI C 54.00 21, 524 0 0 17.00 RADI OLOGY-THERAPEUTI C 0 18.00 55.00 5, 734 0 18.00 0 57.00 6, 897 19.00 CT SCAN 0 19.00 20.00 MAGNETIC RESONANCE IMAGING 58.00 5, 568 O 0 20.00 (MRI) 21.00 CARDIAC CATHETERIZATION 59.00 21,816 0 21.00 0 22.00 INTRAVENOUS THERAPY 64.00 0 22.00 383 65.00 0 23.00 RESPIRATORY THERAPY 27, 256 0 23.00 24.00 PHYSICAL THERAPY 66.00 16, 809 0 0 24.00 ELECTROCARDI OLOGY 0 25.00 69.00 11, 141 0 25.00 0 ENDOSCOPY 4. 299 0 26.00 76.00 26.00 PSYCHI ATRI C/PSYCHOLOGI CAL 0 0 27.00 76.01 115, 695 27.00 SERVI CES 28.00 LUTHERWOOD PARTNERSHIP 76.03 33, 777 0 28.00 29.00 WOUND CARE CENTER 76.04 915 0 0 29.00 0 30.00 76.05 ONCOLOGY-CANCER CARE CENTER 29, 312 0 30.00 31.00 IMAGING CENTERS 76.06 8, 972 0 0 31.00 CARDIAC REHABILITATION 76. 97 0 0 32.00 12, 112 32.00 0 33.00 HEALTHY HEARTS CENTER 90.02 16, 010 0 33.00 34 00 INFUSION CENTERS 90.05 4.017 0 34.00 35, 550 35.00 EMERGENCY 91.00 0 0 35.00 36.00 RESEARCH 191.00 977 0 0 36.00 PHYSICIANS' PRIVATE OFFICES 0 37.00 192.00 440 0 37.00 SMO-NON PROVIDER BASED 0 38.00 194.04 7.315 0 38.00 39.00 FAMILY PRACTICE MEDICINE 194.05 14, 960 0 39.00

Provider CCN: 15-0074

Peri od: From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 2/27/2017 9:44 am

						2/27/2017 9: 44	<u>. am</u>
	Coot Conton	Decreases	Colomy	0+h o.s	Wko+ A 7 Dof		
	Cost Center 6.00	Li ne # 7.00	Sal ary 8. 00	0ther 9.00	Wkst. A-7 Ref. 10.00		
. 00	LI FECHECK	194. 07	398	7.00			40.
	GROUP HOMES AND MISC. N_R	194. 08	423	0	O	4	41.
	CTRS						
	0		811, 108				
	AI - PHARM RESIDENCY BRIDGES	TO HEALTH					
00	PHARMACY	15. 00	44, 419				1.
			44, 419	0			
	AJ - PHARMACY RESIDENCY BRIDG						
00	PHARMACY	15.00		17, 134	+		1.
			0	17, 134			
	AK - IHH Cat Scan Salary Recl		500 000				
00	RADI OLOGY-DI AGNOSTI C	<u>54.</u> 00	500, 888		+		1.
	AL - IHH Cat Scan Other Recla		500, 888	0			
00	RADI OLOGY-DI AGNOSTI C	54.00		189, 262			1.
00	RADI OLOGI - DI AGNOSTI C			189, 262		•	١.
	AM - CBI ALLOCATIONS - GALLAH	IIF	<u> </u>	107, 202			
00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	O	10, 530, 832	0		1.
	SERVI CES	70.01	٩	10, 000, 002			• • •
	TOTALS	+		10, 530, 832			
	AN - DEFINED BENEFIT PENSION	RECLASS 1/2		., ,	<u> </u>		
00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	167, 507, 735	0		1.
00		0.00	ō	0	Ö		2
00		0.00	O	0	0		3
00		0.00	O	0	o		4
00		0.00	O	0	O		5
0		0.00	О	0	o		6
0		0.00	0	0	0		7
00		0.00	0	0	0		8
0		0.00	0	0	0		9
00		0.00	0	0	0		10
00		0.00	0	0	0		11
00		0.00	0	0	0		12
00		0.00	0	0	0		13
00		0.00	0	0	0		14
00		0.00	0	0	0		15
00		0. 00	0	0	0		16
00		0. 00	0	0	0		17
00		0. 00	0	0	0	4	18
00		0.00	0	0	0		19
00		0. 00	0	0	0		20
00		0.00	0	0	0		21
00		0.00	0	0	0		22
00		0.00	0	0	0		23
00		0.00	0	0	0		24
00		0. 00 0. 00	0	0	0		25 26
00		0.00	0	0	0		
00		0.00	0	0	0		27 28
00		0.00	0	0	0		29
00		0.00	0	0	0		30
00		0.00	o	0	0		31
00		0.00	o	0	o		32
00		0.00	o	0	0		33
00		0.00	o	0	o		34
00		0.00	o	0	0		35
00		0.00	o	0	Ö		36
00		0.00	o	0	o		37
00		0.00	o	0	o		38
00		0.00	Ö	0	o		39
00		0.00	o	0	o		40
00		0.00	ō	0	Ö		41
00		0.00	ō	0	Ö		42
00		0.00	ō	0	o		43
00		0.00	ō	0	Ö		44
00		0.00	ō	0	Ö		45
00		0.00	ō	0	Ö		46
00		0.00	o	0	Ö		47
00		0.00	ō	0	Ö		48
00		0.00	ō	0	Ö		49
00		0.00	ō	0	Ö		50
00		0.00	0	0	O		51.
	TOTALS — — — —	+		167, 507, 735			

Heal th Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu of Form CMS-2552-10

RECLASSIFICATIONS Provider CCN: 15-0074 Period: From 01/01/2016 To 12/31/2016 Date/Time Prepared:

						10	2/27/2017 Date/II me Pl	
		Decreases						
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref			
	6. 00	7.00	8. 00	9. 00	10.00			
	AO - DEFINED BENEFIT PENSION	RECLASS 2/2						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	3, 657, 013	(	0		1. 00
2.00		0.00	0	C	)	0		2. 00
3.00		0.00	0	C	)	0		3. 00
4.00		0.00	0	C	)	0		4. 00
	TOTALS		0	3, 657, 013				
500.00	Grand Total: Decreases		11, 362, 554	339, 482, 296				500.00

Subtotal (sum of lines 1-7)

Reconciling Items

10.00 Total (line 8 minus line 9)

8.00

9.00

8.00

9.00

10.00

RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0074 Peri od: Worksheet A-7 From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Acqui si ti ons Begi nni ng Purchases Donati on Total Di sposal s and Bal ances Retirements 2.00 3.00 4. 00 1 00 5 00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 4, 453, 049 0 1.00 0 4, 244, 094 2.00 Land Improvements 0 -61, 885 2.00 3.00 287, 466, 918 -10, 538, 277 3.00 Buildings and Fixtures 0 0 4.00 Building Improvements 10, 335, 114 2, 018, 828 2, 018, 828 1, 485 4.00 5.00 Fixed Equipment 14, 265, 238 0 3, 356, 986 5.00 164, 161, 896 0 6.00 Movable Equipment 15, 963 15, 963 1, 249, 364 6.00 0 7.00 HIT designated Assets 516,000 0 7.00 8.00 Subtotal (sum of lines 1-7) 485, 442, 309 2, 034, 791 2, 034, 791 -5, 992, 327 8.00 9.00 Reconciling Items 0 9.00 Total (line 8 minus line 9) 485, 442, 309 2, 034, 791 -5, 992, 327 10.00 2, 034, 791 0 10.00 Endi ng Bal ance Fully Depreciated Assets 6.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 4, 453, 049 0 1.00 2.00 Land Improvements 4, 305, 979 0 2. 00 3.00 Buildings and Fixtures 298, 005, 195 0 3.00 0 4.00 Building Improvements 12, 352, 457 4.00 5.00 Fi xed Equipment 10, 908, 252 0 5.00 Movable Equipment 162, 928, 495 0 6.00 6.00 7.00 HIT designated Assets 516,000 0 7.00

493, 469, 427

493, 469, 427

0

0

				'	0 12/31/2010	2/27/2017 9: 4	
			SL	JMMARY OF CAPI	ΓAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
					instructions)	instructions)	
		9. 00	10.00	11. 00	12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FLXT	0	0	(	0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	(	0	0	2. 00
3.00	Total (sum of lines 1-2)	0	0	(	0	0	3. 00
	SUMMARY OF CAPITAL						
		211	T				
	Cost Center Description		Total (1) (sum				
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions)					
	DADT 11 DECONOLULATION OF ANOUNTO FROM WORK	14.00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	(SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	0	0				1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2. 00
3.00	Total (sum of lines 1-2)	0	0				3. 00

Health Financial Systems	COMMUNITY HOSPITAL	OF INDIANA, II	NC.	In Lie	u of Form CMS-2	2552-10		
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der C	F	Period: From 01/01/2016 Fo 12/31/2016	Worksheet A-7 Part III Date/Time Pre 2/27/2017 9:4	pared:		
	COM	PUTATION OF RA	TIOS	ALLOCATION OF		4 dili		
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance			
	1.00	2.00	3.00	4. 00	5. 00			
PART III - RECONCILIATION OF CAPITAL CO	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00 CAP REL COSTS-BLDG & FLXT	298, 005, 194	C	298, 005, 194	0. 646525	0	1. 00		
2.00 CAP REL COSTS-MVBLE EQUIP	162, 928, 495		162, 928, 495		0	2. 00		
3.00 Total (sum of lines 1-2)	460, 933, 689		460, 933, 689			3. 00		
	ALLOCA	ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL						
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease			
		Capi tal -Relate	cols. 5					
		d Costs	through 7)					
	6. 00	7. 00	8. 00	9. 00	10.00			
PART III - RECONCILIATION OF CAPITAL CO	STS CENTERS							
1.00 CAP REL COSTS-BLDG & FLXT	0	0	) (	8, 364, 990	0	1. 00		
2.00 CAP REL COSTS-MVBLE EQUIP	0	1	) (	10, 374, 564	0	2. 00		
3.00 Total (sum of lines 1-2)	0		)	18, 739, 554	0	3. 00		
		Sl	JMMARY OF CAPI	TAL				
Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum			
		instructions)	instructions)	Capi tal -Rel ate	of cols. 9			
				d Costs (see	through 14)			
				instructions)				
	11.00	12.00	13.00	14.00	15. 00			
DART III - PECONCILIATION OF CARLTAL CO	CTC CENTEDS					1		

4, 673, 776

0 4, 673, 776

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS
CAP REL COSTS-BLDG & FIXT 4

CAP REL COSTS-MVBLE EQUIP Total (sum of lines 1-2)

271, 667

271, 667

0 0 0

13, 310, 433 1. 00 10, 374, 564 2. 00 23, 684, 997 3. 00

0 0 0

1.00

2.00

| Period: | Worksheet A-8 | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
ADJUSTMENTS TO EXPENSES COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

	To 12/31/2016			Date/Time Prep			
				Expense Classification on	Worksheet A	2/27/2017 9: 42	1 am
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	·	1.00	2. 00	3.00	4. 00	5. 00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	1. 00
2.00	Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
	COSTS-MVBLE EQUIP (chapter 2)						
3. 00	Investment income - other (chapter 2)		0		0. 00	0	3. 00
4.00	Trade, quantity, and time		0		0. 00	0	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of		0		0. 00	0	5. 00
	expenses (chapter 8)		_				
6. 00	Rental of provider space by suppliers (chapter 8)		0		0. 00	0	6. 00
7.00	Telephone services (pay		0		0.00	0	7. 00
	stations excluded) (chapter 21)						
8.00	Television and radio service		0		0. 00	0	8. 00
0.00	(chapter 21)		0		0.00		0.00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	-177, 840		0. 00	0	9. 00 10. 00
	adjustment						
11. 00	Sale of scrap, waste, etc. (chapter 23)		0		0. 00	0	11. 00
12. 00	Related organization	A-8-1	-1, 786, 016			0	12. 00
13. 00	transactions (chapter 10) Laundry and linen service		0		0. 00	0	13. 00
14. 00	Cafeteria-employees and guests	В	-637, 238	DI ETARY	10. 00	0	14. 00
15. 00	Rental of quarters to employee		0		0. 00	0	15. 00
16. 00	and others Sale of medical and surgical		0		0. 00	0	16. 00
	supplies to other than						
17. 00	patients Sale of drugs to other than		0		0. 00	0	17. 00
	pati ents		· ·				
18. 00	Sale of medical records and abstracts		0		0. 00	0	18. 00
19. 00	Nursing school (tuition, fees,		0		0. 00	0	19. 00
20. 00	books, etc.) Vending machines		0		0. 00	0	20. 00
21. 00	Income from imposition of		0		0.00	0	21. 00
	interest, finance or penalty						
22. 00	charges (chapter 21) Interest expense on Medicare		0		0. 00	0	22. 00
	overpayments and borrowings to						
23. 00	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65. 00		23. 00
	therapy costs in excess of						
24. 00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
21.00	therapy costs in excess of		O		55. 50		50
25. 00	limitation (chapter 14) Utilization review -		0	*** Cost Center Deleted ***	114. 00		25. 00
23.00	physicians' compensation		O	cost center bereted	114.00		23.00
27, 00	(chapter 21)		0	CAD DEL COSTS DIDO 8 FLVT	1 00		24 00
26. 00	Depreciation - CAP REL COSTS-BLDG & FLXT		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	26. 00
27. 00	Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	O	27. 00
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19. 00		28. 00
29. 00	Physicians' assistant		0		0.00	0	
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
	limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of						
32. 00	limitation (chapter 14) CAH HIT Adjustment for		0		0. 00	0	32. 00
	Depreciation and Interest		_				
33. 00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0. 00	0	33. 00
	1	·				·	

| Period: | Worksheet A-8 | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
ADJUSTMENTS TO EXPENSES COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

Experse Class Fraction on North-Next A   Section   Sec					To 12/31/2			
Dou't Center Description   Sept st/Code (2)   Amount   Cost Center   Line #   Most A - 7 Ref.					Expense Classification on	Worksheet A	2/2//2017 9.44	4 dili
1.00   2.00   3.00								
1.00   2.00   3.00								
1.00   2.00   3.00								
1.00   2.00   3.00								
33.01   Miss Revenue		Cost Center Description						
33.02   Miss Reversus	33. 01	Mi sc Revenue						33. 01
33.0   M   SE Revenue		1	1		1		0	
33.05   Misc Revenue		1		· ·			-	
13.06   Misc. Revenue							0	
33.07   Miss Revenue					I .		0	
13.00   Misc Revenue		1			1		Ö	
COSTS APPROV   STATE   STATE   COSTS APPROV   STATE   COSTS APPROV		1					0	
33.10   MSC Revenue	33. 09	Mi sc Revenue	В	-27, 000		22. 00	0	33. 09
33.11   Misc. Revoruse	33. 10	Misc Revenue	В	-26		30.00	0	33. 10
33.13   Misc. Revenue					1		0	
33.14   MISC REVenue		1			1			
B		1	l .				0	
33.16   MISC Revenue							0	
SERVICES		4			1			
33.18   MISC Revenue	33. 17	Mi sc Revenue	В	-1, 461, 243		76. 01	0	33. 17
Misc Revenue	22 10	Mi ca Payanua	D D	710 007		74 02	0	22 10
33 20   Misc Revenue		1		·	1			
33 22   Mis & Revenue		1					-	
33.23   Misc Revenue		Mi sc Revenue			1		0	
33.24   Misc Revenue		1			I .			
33 25   Purchased Discounts   B   -12, 422   ADMINISTRATIVE & GENERAL   5.00   0   33.25		1			1		0	
(33763) 3. 28 Investment Income B			1		1		Ö	
33. 28   investment Income	33. 27		В	-199, 323	ADMINISTRATIVE & GENERAL	5. 00	0	33. 27
34. 00   HAF TAX OFFSet	22 20			70.047	ADMINISTRATIVE & CENEDAL	F 00	0	22 20
34. 02   ON Non-All ow Interest Expense   A   -20,259 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 01		1			1			
14.02   LOC Non-Allow Interest Expense   A   -50,669   CAP REL COSTS-BLDG & FIXT   1.00   11   34.02					1		-	
34.05   SOBM   Loan Non- Allow   Interest Expense   A   -101,964   CAP REL COSTS-BLDG & FIXT   1.00   111   34.05		1	A		1		11	
34. 05   So BMO Loan Non- Allow		1	1		1			
Interest Expense					1			
Interest Expense	01.00			101, 200	NEE GOOTS BEBS & TIXT	1.00		01.00
34. 07   16A 16B Non-Allow Interest   Expense   A   -118, 360   CAP REL COSTS-BLDG & FIXT   1.00   11   34. 07	34. 06		A	-59, 340	ADMINISTRATIVE & GENERAL	5. 00	0	34. 06
Expense	34 07		Δ	-118 360	CAP REL COSTS_RING & FLYT	1 00	11	34 07
36. 07   A-8. Allied Health Program   Expense - CH&W   A   -204, 732   EMS TRAINING-ALLIED HEALTH   23. 00   0   36. 07	34.07			110, 300	CAL REE GOSTS BEDG & TTAT	1.00		34.07
Expense - CH&W   A   Accel erated Depreciation - W   A   Accel erated Depreciation - W   A   Accel erated Depreciation - W   A   Accel erated Depreciation Carryforward   A   36, 751 CAP REL COSTS-MVBLE EQUIP   Depreciation Carryforward   A   36, 751 CAP REL COSTS-BLDG & F1XT   Depreciation Carryforward   A   22,538 CAP REL COSTS-MVBLE EQUIP   Depreciation Carryforward   Depreciation Carryforward   A   22,538 CAP REL COSTS-MVBLE EQUIP   Depreciation Carryforward   Depreciation Carryfo		Non Allow Marketing Expense	A					
36.08         Accelerated Depreciation - W         A         -15,753,507/CAP REL COSTS-MVBLE EQUIP         2.00         9 36.08           36.10         Depreciation Carryforward         A         36,751 CAP REL COSTS-BLDG & FIXT         1.00         9 36.10           36.11         Depreciation Carryforward         A         22,538 CAP REL COSTS-MVBLE EQUIP         2.00         9 36.11           36.12         Meals on Wheels Cost         A         -201,900 CAFETERIA         11.00         0 36.12           36.20         GALLAHUE PROFESSI ONAL FEE         A         -233,527 ADMINISTRATIVE & GENERAL         5.00         0 36.29           36.21         GALLAHUE PROFESSI ONAL FEE         A         -2,144,491 ADULTS & PEDI ATRI CS         30.00         0 36.21           36.22         GALLAHUE PROFESSI ONAL FEE         A         -2,144,491 ADULTS & PEDI ATRI CS         30.00         0 36.21           36.21         GALLAHUE PROFESSI ONAL FEE         A         -6,721,573 LUTHERWOOD PARTNERSHIP         76.01         0 36.21           38.00         Bad Debt Expense         A         -6,721,573 LUTHERWOOD PARTNERSHIP         76.03         0 36.22           38.01         Bad Debt Expense         A         -40,403,345 ADMINISTRATIVE & GENERAL         5.00         0 38.04           38.02         Bad	36. 07		A	-204, 732	EMS TRAINING-ALLIED HEALTH	23. 00	0	36. 07
36. 10   Depreciation Carryforward   A   36, 751   CAP REL COSTS-BLDG & FIXT   1.00   9   36. 10     36. 11   Depreciation Carryforward   A   22, 538   CAP REL COSTS-MVBLE EQUIP   2.00   9   36. 11     36. 12   Meals on Wheel's Cost   A   220, 900   CAFETERIA   11.00   0   36. 12     36. 19   GALLAHUE PROFESSI ONAL FEE   A   -333, 527   ADMI NI STRATI VE & GENERAL   5.00   0   36. 19     36. 20   GALLAHUE PROFESSI ONAL FEE   A   -2, 144, 491   ADULTS & PEDI ATRI CS   30. 00   0   36. 20     36. 21   GALLAHUE PROFESSI ONAL FEE   A   -2, 144, 491   ADULTS & PEDI ATRI CS   30. 00   0   36. 21     36. 22   GALLAHUE PROFESSI ONAL FEE   A   -6, 721, 573   LUTHERWOOD PARTNERSHI P   76. 03   0   36. 21     38. 00   Bad Debt Expense   A   -40, 403, 345   ADMI NI STRATI VE & GENERAL   5.00   0   38. 00     38. 01   Bad Debt Expense   A   -40, 403, 345   ADMI NI STRATI VE & GENERAL   5.00   0   38. 01     38. 02   Bad Debt Expense   A   -276, 271   ADULTS & PEDI ATRI CS   30. 00   0   38. 02     38. 03   Bad Debt Expense   A   -276, 271   ADULTS & PEDI ATRI CS   30. 00   0   38. 03     38. 04   Bad Debt Expense   A   -79, 007   ELECTROCARDI OLOGY   69. 00   0   38. 03     38. 05   Bad Debt Expense   A   -79, 007   ELECTROCARDI OLOGY   69. 00   0   38. 05     38. 06   Bad Debt Expense   A   -3, 144   PHYSI CLANS' PRI VATE OFFI CES   192. 00   0   38. 05     38. 08   Bad Debt Expense   A   -3, 144   PHYSI CLANS' PRI VATE OFFI CES   194. 05   0   38. 05     38. 08   Bad Debt Expense   A   -3, 144   PHYSI CLANS' PRI VATE OFFI CES   194. 05   0   38. 05     38. 08   Bad Debt Expense   A   -3, 144   PHYSI CLANS' PRI VATE OFFI CES   194. 05   0   38. 05     38. 09   Pavi I I i ons   A   -18, 99, 467   ADMI NI STRATI VE & GENERAL   5. 00   0   38. 05     38. 09   Pavi I I i ons   A   -18, 99, 467   ADMI NI STRATI VE & GENERAL   5. 00   0   38. 05     38. 10   OBATION OFFI CES   A   -40, 97, 73   DELI VERP ROOM   4. ADOR ROOM   52. 00   0   38. 16     38. 10   OBATION OFFI CES   A   -40, 97, 73   DELI VERP ROOM   4. ADOR ROOM	36. 08		A	-15, 753, 507	CAP REL COSTS-MVBLE EQUIP	2. 00	9	36. 08
36. 12         Meals on Wheels Cost         A         -201, 900 CAFETERI A         11. 00         0         36. 12           36. 19         GALLAHUE PROFESSI ONAL FEE         A         -333, 527 JADMIN IN STRATI VE & GENERAL         5. 00         0         36. 19           36. 20         GALLAHUE PROFESSI ONAL FEE         A         -2.144, 491 JADULTS & PEDI JATRI CS         30. 00         0         36. 20           36. 21         GALLAHUE PROFESSI ONAL FEE         A         -6, 721, 573 LUTHERWOOD PARTNERSHI P         76. 01         0         36. 22           38. 00         Bad Debt Expense         A         -6, 721, 573 LUTHERWOOD PARTNERSHI P         76. 03         0         36. 22           38. 01         Bad Debt Expense         A         -6, 721, 573 LUTHERWOOD PARTNERSHI P         76. 03         0         36. 22           38. 01         Bad Debt Expense         A         -10, 508 l & SERVI CES-OTHER PRGM         22. 00         0         38. 00           38. 02         Bad Debt Expense         A         -276, 271 JADULTS & PEDI ATRI CS         30. 00         0         38. 02           38. 03         Bad Debt Expense         A         -79, 007 JELECTROCARDI OLOGY         69, 00         0         38. 04           38. 05         Bad Debt Expense         A							9	
36. 19       GALLAHUE PROFESSI ONAL FEE       A       -333, 527 ADMI NI STRATI VE & GENERAL       5. 00       0       36. 19         36. 20       GALLAHUE PROFESSI ONAL FEE       A       -2, 144, 491 ADULTS & PEDI ATRI CS       30. 00       0       36. 20         36. 21       GALLAHUE PROFESSI ONAL FEE       A       -15, 681, 103 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76. 01       0       36. 21         36. 22       GALLAHUE PROFESSI ONAL FEE       A       -6, 721, 573 LUTHERWOOD PARTNERSHI P       76. 03       0       36. 22         38. 00       Bad Debt Expense       A       -40, 403, 345 ADMI NI STRATI VE & GENERAL       5. 00       0       38. 00         38. 01       Bad Debt Expense       A       -40, 403, 345 ADMI NI STRATI VE & GENERAL       5. 00       0       38. 00         38. 02       Bad Debt Expense       A       -40, 403, 345 ADMI NI STRATI VE & GENERAL       5. 00       0       38. 00         38. 01       Bad Debt Expense       A       -10, 508 I & SERVI CES       30. 00       0       38. 00         38. 02       Bad Debt Expense       A       -276, 271 ADULTS & PEDI ATRI CS       30. 00       0       38. 02         38. 05       Bad Debt Expense       A       -79, 007 ELECTROCARDI OLOGY       69. 00       0 <td></td> <td></td> <td>1</td> <td></td> <td>1</td> <td></td> <td></td> <td></td>			1		1			
36. 20 GALLAHUE PROFESSIONAL FEE A -2, 144, 491 ADULTS & PEDIATRICS 30. 00 0 36. 20 36. 21 GALLAHUE PROFESSIONAL FEE A -15, 681, 103 PSYCHIATRIC/PSYCHOLOGICAL 5RAVICES 30. 00 36. 21 SERVICES 30. 00 0 36. 21 SERVICES 30. 00 0 36. 21 SERVICES 30. 00 0 36. 22 38. 00 Bad Debt Expense A -40, 403, 345 ADMINISTRATIVE & GENERAL 5. 00 0 38. 00 38. 01 SERVICES-OTHER PRGM 22. 00 0 38. 01 COSTS APPRVD 22. 00 0 38. 01 COSTS APPRVD 38. 02 Bad Debt Expense A -276, 271 ADULTS & PEDIATRICS 30. 00 0 38. 02 38. 03 Bad Debt Expense A -79, 007 ELECTROCARDIOLOGY 69. 00 0 38. 03 38. 04 Bad Debt Expense A -79, 007 ELECTROCARDIOLOGY 69. 00 0 38. 05 SERVICES 30. 00 0 38. 06 38. 07 38. 08 Bad Debt Expense A -3, 144 PHYSICIANS' PRIVATE OFFICES 192. 00 0 38. 06 38. 07 38. 08 Bad Debt Expense A -3, 144 PHYSICIANS' PRIVATE OFFICES 194. 05 0 38. 07 38. 08 Bad Debt Expense A -3, 144 PHYSICIANS' PRIVATE OFFICES 194. 07 0 38. 08 38. 09 Pavillions A -3, 184 PHYSICIAN ASSISTANT A -1, 899, 467 ADMINISTRATIVE & GENERAL 5. 00 0 38. 10 38. 15 08 Laborist Loss A -649, 773 DELIVERY ROOM & LABOR ROOM 52. 00 0 38. 16 Nurse Practitioner Offset A -5, 049 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 38. 16		II	1				-	
36. 21   GALLAHUE PROFESSI ONAL FEE					1			
36. 22       GALLAHUE PROFESSI ONAL FEE       A       -6, 721, 573 LUTHERWOOD PARTNERSHI P       76. 03       0 36. 22         38. 00       Bad Debt Expense       A       -40, 403, 345 ADMI NI STRATI VE & GENERAL       5. 00       0 38. 00         38. 01       Bad Debt Expense       A       -10, 508 I &R SERVI CES-OTHER PRGM COSTS APPRVD       22. 00       0 38. 01         38. 02       Bad Debt Expense       A       -276, 271 ADULTS & PEDI ATRI CS       30. 00       0 38. 02         38. 03       Bad Debt Expense       A       -13, 916 PHYSI CAL THERAPY       66. 00       0 38. 03         38. 04       Bad Debt Expense       A       -79, 007 ELECTROCARDI OLOGY       69. 00       0 38. 04         38. 05       Bad Debt Expense       A       -25, 748 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76. 01       0 38. 05         38. 06       Bad Debt Expense       A       -3, 144 PHYSI CI ANS' PRI VATE OFFI CES       192. 00       0 38. 06         38. 07       Bad Debt Expense       A       -309, 217 FAMI LY PRACTI CE MEDI CI NE       194. 05       0 38. 07         38. 08       Bad Debt Expense       A       -9, 089 LI FECHECK       194. 07       0 38. 08         38. 10       PHYSI CI AN ASSI STANT       A       -183, 244 ADULTS & PEDI ATRI CS       30. 00 <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td>0</td> <td></td>					1		0	
38. 00       Bad Debt Expense       A       -40, 403, 345   ADMI NI STRATI VE & GENERAL       5. 00       0       38. 00         38. 01       Bad Debt Expense       A       -10, 508   &R SERVI CES-OTHER PRGM COSTS APPRVD       22. 00       0       38. 01         38. 02       Bad Debt Expense       A       -276, 271   ADULTS & PEDI ATRI CS       30. 00       0       38. 02         38. 03       Bad Debt Expense       A       -13, 916   PHYSI CAL THERAPY       66. 00       0       38. 03         38. 04       Bad Debt Expense       A       -79, 007   ELECTROCARDI OLOGY       69. 00       0       38. 04         38. 05       Bad Debt Expense       A       -25, 748   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76. 01       0       38. 05         38. 06       Bad Debt Expense       A       -3, 144   PHYSI CI ANS' PRI VATE OFFI CES       192. 00       0       38. 06         38. 07       Bad Debt Expense       A       -309, 217   FAMI LY PRACTI CE MEDI CI NE       194. 05       0       38. 07         38. 08       Bad Debt Expense       A       -9, 089   LI FECHECK       194. 07       0       38. 08         38. 09       Pavi I I i ons       A       -1, 899, 467   ADMI NI STRATI VE & GENERAL       5. 00       0       38. 09	27.00	CALLAULE DROFFCCLOVAL FEE		/ 704 570	1	7, 00		27.00
38. 01       Bad Debt Expense       A       -10, 508   &R SERVICES-OTHER PRGM COSTS APPRVD       22.00       0       38.01         38. 02       Bad Debt Expense       A       -276, 271   ADULTS & PEDIATRICS       30.00       0       38.02         38. 03       Bad Debt Expense       A       -13, 916   PHYSI CAL THERAPY       66.00       0       38.03         38. 04       Bad Debt Expense       A       -79, 007   ELECTROCARDI OLOGY       69.00       0       38.04         38. 05       Bad Debt Expense       A       -25, 748   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76.01       0       38.05         38. 06       Bad Debt Expense       A       -3, 144   PHYSI CI ANS' PRI VATE OFFI CES       192.00       0       38.06         38. 07       Bad Debt Expense       A       -309, 217   FAMI LY PRACTI CE MEDI CI NE       194.05       0       38.07         38. 08       Bad Debt Expense       A       -9, 089   LI FECHECK       194.07       0       38.08         38. 09       Pavi I I i ons       A       -1, 899, 467   ADMI NI STRATI VE & GENERAL       5.00       0       38.09         38. 10       PHYSI CI AN ASSI STANT       A       -183, 244   ADULTS & PEDI ATRI CS       30.00       0       38.10		1			1			
COSTS APPRVD   STAPPRVD   STAPP								
38. 03       Bad Debt Expense       A       -13, 916 PHYSI CAL THERAPY       66. 00       0       38. 03         38. 04       Bad Debt Expense       A       -79, 007 ELECTROCARDI OLOGY       69. 00       0       38. 04         38. 05       Bad Debt Expense       A       -25, 748 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76. 01       0       38. 05         38. 06       Bad Debt Expense       A       -3, 144 PHYSI CI ANS' PRI VATE OFFI CES       192. 00       0       38. 06         38. 07       Bad Debt Expense       A       -309, 217 FAMI LY PRACTI CE MEDI CI NE       194. 05       0       38. 07         38. 08       Bad Debt Expense       A       -9, 089 LI FECHECK       194. 05       0       38. 08         38. 09       Pavi II i ons       A       -1, 899, 467 ADMI NI STRATI VE & GENERAL       5. 00       0       38. 09         38. 10       PHYSI CI AN ASSI STANT       A       -183, 244 ADULTS & PEDI ATRI CS       30. 00       0       38. 10         38. 15       OB Labori st Loss       A       -649, 773 DELI VERY ROOM & LABOR ROOM       52. 00       0       38. 16         38. 16       Nurse Practi ti oner Offset       A       -5, 049 EMPLOYEE BENEFITS DEPARTMENT       4. 00       0       38. 16 <td></td> <td>·</td> <td></td> <td></td> <td>COSTS APPRVD</td> <td></td> <td></td> <td></td>		·			COSTS APPRVD			
38. 04       Bad Debt Expense       A       -79,007 ELECTROCARDIOLOGY       69.00       0       38.04         38. 05       Bad Debt Expense       A       -25,748 PSYCHIATRIC/PSYCHOLOGICAL SERVICES       76.01       0       38.05         38. 06       Bad Debt Expense       A       -3,144 PHYSICIANS' PRIVATE OFFICES       192.00       0       38.06         38. 07       Bad Debt Expense       A       -309,217 FAMILY PRACTICE MEDICINE       194.05       0       38.07         38. 08       Bad Debt Expense       A       -9,089 LI FECHECK       194.07       0       38.08         38. 09       Pavillions       A       -1,899,467 ADMINISTRATIVE & GENERAL       5.00       0       38.09         38. 10       PHYSICIAN ASSISTANT       A       -183,244 ADULTS & PEDIATRICS       30.00       0       38.10         38. 15       OB Laborist Loss       A       -649,773 DELIVERY ROOM & LABOR ROOM       52.00       0       38.15         38. 16       Nurse Practitioner Offset       A       -5,049 EMPLOYEE BENEFITS DEPARTMENT       4.00       0       38.16					1		-	
38. 05       Bad Debt Expense       A       -25, 748 PSYCHIATRIC/PSYCHOLOGICAL SERVICES       76. 01       0       38. 05         38. 06       Bad Debt Expense       A       -3, 144 PHYSICIANS' PRIVATE OFFICES       192. 00       0       38. 06         38. 07       Bad Debt Expense       A       -309, 217 FAMI LY PRACTICE MEDICINE       194. 05       0       38. 07         38. 08       Bad Debt Expense       A       -9, 089 LI FECHECK       194. 07       0       38. 08         38. 09       Pavi II i ons       A       -1, 899, 467 ADMINI STRATI VE & GENERAL       5. 00       0       38. 09         38. 10       PHYSI CI AN ASSI STANT       A       -183, 244 ADULTS & PEDI ATRI CS       30. 00       0       38. 10         38. 15       OB Labori st Loss       A       -649, 773 DELI VERY ROOM & LABOR ROOM       52. 00       0       38. 15         38. 16       Nurse Practitioner Offset       A       -5, 049 EMPLOYEE BENEFITS DEPARTMENT       4. 00       0       38. 16					1			
SERVICES   SERVICES		1	1		1		-	
38.07       Bad Debt Expense       A       -309, 217 FAMILY PRACTICE MEDICINE       194.05       0       38.07         38.08       Bad Debt Expense       A       -9, 089 LI FECHECK       194.07       0       38.08         38.09       Pavillions       A       -1, 899, 467 ADMINISTRATIVE & GENERAL       5.00       0       38.09         38.10       PHYSICIAN ASSISTANT       A       -183, 244 ADULTS & PEDIATRICS       30.00       0       38.10         38.15       OB Laborist Loss       A       -649, 773 DELIVERY ROOM & LABOR ROOM       52.00       0       38.15         38.16       Nurse Practitioner Offset       A       -5, 049 EMPLOYEE BENEFITS DEPARTMENT       4.00       0       38.16					SERVI CES			
38. 08       Bad Debt Expense       A       -9,089 LIFECHECK       194.07       0 38.08         38. 09       Pavillions       A       -1,899,467 ADMINISTRATIVE & GENERAL       5.00       0 38.09         38. 10       PHYSICIAN ASSISTANT       A       -183,244 ADULTS & PEDIATRICS       30.00       0 38.10         38. 15       OB Laborist Loss       A       -649,773 DELIVERY ROOM & LABOR ROOM       52.00       0 38.15         38. 16       Nurse Practitioner Offset       A       -5,049 EMPLOYEE BENEFITS DEPARTMENT       4.00       0 38.16					1		-	
38.09 Pavillions       A       -1,899,467 ADMINISTRATIVE & GENERAL       5.00       0       38.09         38.10 PHYSICIAN ASSISTANT       A       -183,244 ADULTS & PEDIATRICS       30.00       0       38.10         38.15 OB Laborist Loss       A       -649,773 DELIVERY ROOM & LABOR ROOM       52.00       0       38.15         38.16 Nurse Practitioner Offset       A       -5,049 EMPLOYEE BENEFITS DEPARTMENT       4.00       0       38.16		1						
38. 10 PHYSICIAN ASSISTANT A -183, 244 ADULTS & PEDIATRICS 30. 00 0 38. 10 38. 15 OB Laborist Loss A -649, 773 DELIVERY ROOM & LABOR ROOM 52. 00 0 38. 15 38. 16 Nurse Practitioner Offset A -5, 049 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 38. 16		1			1			
38. 16 Nurse Practitioner Offset A -5,049 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 38.16		1			1			
					1			
		1						
				7, 100	, Series	3. 30	<u> </u>	

39.07

39.08

39.09

39 10

50.00

76.03

76.04

76.01

76 03

ADJUSTMENTS TO EXPENSES Provider CCN: 15-0074 Peri od: Worksheet A-8 From 01/01/2016 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Cost Center Description Basis/Code (2) Cost Center Line # Wkst. A-7 Ref. Amount 1.00 2.00 3.00 4.00 5.00 38.18 Nurse Practitioner Offset -16, 121 NURSING ADMINISTRATION 13.00 38. 18 Α -106, 072 PHARMACY 38. 19 Nurse Practitioner Offset Α 15.00 38.19 38. 20 Nurse Practitioner Offset Α -226, 303 ADULTS & PEDIATRICS 30.00 38. 20 38. 21 Nurse Practitioner Offset -184, 113 INTENSIVE CARE UNIT 31.00 38. 21 Α -141, 679 OPERATING ROOM Nurse Practitioner Offset 50 00 38 22 38 22 Α -3,000 WOUND CARE CENTER 38. 24 Nurse Practitioner Offset Α 76.04 38.24 38. 25 Loss on Assets -35 EMPLOYEE BENEFITS DEPARTMENT 4.00 38. 25 Loss on Assets -1, 670, 939 ADMI NI STRATI VE & GENERAL 5.00 38. 26 38 26 Α O -4, 077 OPERATION OF PLANT 7.00 38. 27 Loss on Assets Α 38, 27 38. 28 Loss on Assets Α -289, 245 OPERATING ROOM 50.00 38. 28 -149, 838 RADI OLOGY-DI AGNOSTI C 38. 29 Loss on Assets Α 54.00 38. 29 -9, 601 ELECTROCARDI OLOGY 69 00 38 30 38 30 Loss on Assets Α 38.31 Loss on Assets Α -81, 330 KNEE CENTER 90.07 38.31 38. 32 Loss on Assets -9, 481 EMERGENCY 91.00 38. 32 Α -540, 466 ADMINI STRATI VE & GENERAL PENSION ALLOC RELATED TO 39.00 39.00 Α 5.00 SALARY A8 39.01 PENSION ALLOC RELATED TO Α -17, 340 NURSING ADMINISTRATION 13.00 39.01 SALARY A8 39.02 PENSION ALLOC RELATED TO Α -114, 093 PHARMACY 15.00 39.02 SALARY A8 PENSION ALLOC RELATED TO -2, 386, 155 ADULTS & PEDIATRICS 39 03 Α 30.00 39.03 SALARY A8 39.04 PENSION ALLOC RELATED TO -198, 036 INTENSIVE CARE UNIT 39.04 Α 31.00 SALARY A8 39. 05 PENSION ALLOC RELATED TO -152, 393 CORONARY CARE UNIT 32.00 39.05 SALARY A8 39.06 PENSION ALLOC RELATED TO -15, 668, 294 PSYCHI ATRI C/PSYCHOLOGI CAL 76.01 39.06 Α SALARY A8 SERVI CES

-6, 716, 083 LUTHERWOOD PARTNERSHIP

-3, 227 WOUND CARE CENTER

SERVI CES -1, 760, 645 LUTHERWOOD PARTNERSHI P

-140, 709, 531

-5, 260, 462 PSYCHI ATRI C/PSYCHOLOGI CAL

Α

Α

PENSION ALLOC RELATED TO

PENSION ALLOC RELATED TO

GALLAHUE OVERHEAD ADJUSTMENT

LUTHERWOOD OVERHEAD ADJUSTMENT

TOTAL (sum of lines 1 thru 49)

(Transfer to Worksheet A,

SALARY A8

SALARY A8

39.07

39.08

39.09

39 10

50.00

<sup>(2)</sup> Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

<sup>(3)</sup> Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0074 | Period: From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: 2/27/2017 9:44 am

				10 12/31/2010	2/27/2017 9: 4	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:		I	_		
1. 00		I &R SERVICES-SALARY & FRINGE		0	837, 850	1. 00
2. 00		I &R SERVICES-OTHER PRGM COST		0	1, 464, 642	2. 00
3. 00		OPERATION OF PLANT	1400 N RITTER	176, 758		3. 00
3. 01		ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	157, 719		3. 01
3. 02	II	ELECTROENCEPHALOGRAPHY	1400 N RITTER	57, 756		3. 02
3. 03		PSYCHIATRIC/PSYCHOLOGICAL SE		23, 031		3. 03
4.00			CHNW - HOME OFFICE	5, 175, 611		4. 00
4. 01		EMPLOYEE BENEFITS DEPARTMENT		7, 744, 233		4. 01
4. 02		ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	68, 128, 030		4. 02
4. 03		OPERATION OF PLANT	CHNW - HOME OFFICE	1, 368, 117		4. 03
4. 04		NURSING ADMINISTRATION	CHNW - HOME OFFICE	3, 231, 168		4. 04
4. 05		CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	2, 457, 736		4. 05
4. 06		MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	5, 011, 609		4. 06
4. 07		ADULTS & PEDIATRICS	CHNW - HOME OFFICE	805, 673		4. 07
4. 08		RADI OLOGY-DI AGNOSTI C	CHNW - HOME OFFICE	610, 197		4. 08
4. 09	1	PHYSI CAL THERAPY	CHNW - HOME OFFICE	361, 842		4. 09
4. 10		ELECTROCARDI OLOGY	CHNW - HOME OFFICE	175, 435		4. 10
4. 11		ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	104, 727	0	4. 11
4. 12		DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	964, 321	0	4. 12
4. 13	1	ONCOLOGY-CANCER CARE CENTER	CHNW - HOME OFFICE	5, 938, 089		4. 13
4. 14		HEALTHY HEARTS CENTER	CHNW - HOME OFFICE	246, 710		4. 14
5. 00	TOTALS (sum of lines 1-4).			102, 738, 762	104, 524, 778	5. 00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

•					
			Related Organization(s) and/	or Home Office	
			, ,		
Symbol (1)	Name	Percentage of	Name	Percentage of	
, , ,		Ownershi p		Ownershi p	
		Owner Sili p		Owner Sili p	
1. 00	2. 00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HO	ME OFFICE:			
	. ,				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6. 00	В	CHNW	100.00	0. 00	6. 00
7.00			0.00	0. 00	7. 00
8.00			0.00	0. 00	8. 00
9.00			0.00	0. 00	9. 00
10.00			0.00	0. 00	10. 00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

					10 12/31/2016	2/27/2017 9:44 a	
	Net	Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
			MENTS REQUIRED AS A RESULT OF TRAM	ISACTIONS WITH RELATED O	RGANIZATIONS OR (	CLAI MED	
	HOME OFFICE CO						
1.00	-837, 850						1. 00
2.00	-1, 464, 642						2. 00
3.00	33, 312						3. 00
3. 01	29, 706						3. 01
3. 02	10, 878						3. 02
3. 03	2, 584						3. 03
4.00	5, 175, 611						4. 00
4. 01	7, 744, 233					l l	4. 01
4. 02	-33, 755, 472						4. 02
4.03	1, 368, 117						4. 03
4.04	3, 231, 168						4. 04
4. 05	2, 457, 736						4. 05
4.06	5, 011, 609						4. 06
4. 07	805, 673						4. 07
4. 08	610, 197						4. 08
4. 09	361, 842						4. 09
4. 10	175, 435						4. 10
4. 11	104, 727						4. 11
4. 12	964, 321						4. 12
4. 13	5, 938, 089						4. 13
4. 14	246, 710						4. 14
5.00	-1, 786, 016						5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office		
Type of Business		
6. 00		
B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HOME OFFICE:	

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		6. 00
7. 00		7. 00
7. 00 8. 00		8.00
9. 00		9. 00
10. 00		10.00
9. 00 10. 00 100. 00		100.00

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provide $ilde{ ext{r}}.$
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Heal th	Financial Syste	ems COM	MMUNITY HOSPITAI	_ OF INDIANA, I	NC.	In Li	eu of Form CMS-	2552-10
PROVI DE	ER BASED PHYSIC	IAN ADJUSTMENT		Provi der C	CCN: 15-0074	Peri od:	Worksheet A-8	3-2
						From 01/01/2016 To 12/31/2016		epared:
							2/27/2017 9: 4	14 am
	Wkst. A Line #		Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
	1 00	2.00	2.00	4.00	F 00	4.00	Hours 7.00	
1. 00	1.00	ADMI NI STRATI VE & GENERAL	3. 00	4. 00 6, 000	5. 00	6. 00 0 211, 500	7.00	1. 00
2. 00		ADULTS & PEDIATRICS	82, 988			0 211, 500		
3. 00		OPERATING ROOM	58, 037	58, 037		0 246, 400		
4. 00		DELIVERY ROOM & LABOR ROOM	14, 400			0 271, 900	0	1
5. 00		PSYCHI ATRI C/PSYCHOLOGI CAL	13, 295			0 181, 300	l ~	5.00
5.00	70.01	SERVI CES	13, 273	13, 273	,	181, 300	0	3.00
6. 00	76.04	WOUND CARE CENTER	3, 120	3, 120		0 211, 500	0	6. 00
7. 00	0.00		0, 120	0, 120		0 211,000	0	1
8. 00	0.00		0	_			0	8.00
9. 00	0.00		0				0	9.00
10. 00	0.00		0	o o		ol o	0	10.00
200.00	0.00		177, 840	177, 840		ol	0	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Li mi t	Continuing	Share of col.	Insurance	
					Educati on	12		
	1. 00	2. 00	8. 00	9. 00	12. 00	13.00	14. 00	
1.00		ADMINISTRATIVE & GENERAL	0			0 0	0	
2.00		ADULTS & PEDIATRICS	0			0 0	0	
3.00		OPERATING ROOM	0			0 0	0	3. 00
4.00		DELIVERY ROOM & LABOR ROOM	0			0 0	0	4. 00
5.00	76. 01	PSYCHI ATRI C/PSYCHOLOGI CAL	0	0		0 0	0	5. 00
		SERVI CES	_	_			_	
6. 00		WOUND CARE CENTER	0	0		0	0	
7. 00	0. 00		0	0		0	0	,
8.00	0.00		0	0		0	0	8.00
9.00	0.00		0	0		0	0	9.00
10.00	0. 00		0			0	0	
200.00	WI+ A I : //	C+ C+ (Db	Direction de la	0		0 0	0	200.00
	Wkst. A Line #	l	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component Share of col.	Limit	Di sal I owance			
			14					
	1. 00	2.00	15. 00	16. 00	17. 00	18.00		
1. 00		ADMI NI STRATI VE & GENERAL	13.00			0 6,000		1, 00
2. 00		ADULTS & PEDIATRICS				0 82, 988		2.00
3. 00		OPERATING ROOM	0			0 58, 037		3.00
4. 00		DELIVERY ROOM & LABOR ROOM	0			0 14, 400		4.00
5. 00		PSYCHI ATRI C/PSYCHOLOGI CAL	0	, and the second		0 13, 295		5.00
5.00	, 3. 01	SERVI CES				10,2/0		0.00
6.00	76. 04	WOUND CARE CENTER	0	0		0 3, 120		6, 00
7. 00	0.00		Ö	Ö		0 0		7. 00
8. 00	0.00		0	ő		ol o		8.00
9. 00	0.00		0	Ö		ol o		9. 00
10. 00	0.00		Ö	o o		ol o		10.00
200 00			1	n n		177 840		200 00

200.00

177, 840

200.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

			Ť	o 12/31/2016			
			CAPITAL REI	LATED COSTS		2/27/2017 9:4	4 alli
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
	cost center bescription	for Cost	DLDG & FIXI	WIVELE EQUIP	BENEFI TS	Subtotal	
		Allocation			DEPARTMENT		
		(from Wkst A					
		col. 7)	1.00	2.00	4. 00	4A	
	GENERAL SERVICE COST CENTERS		11.00	2.00			
1.00	00100 CAP REL COSTS-BLDG & FIXT	13, 310, 433					1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	10, 374, 564		10, 374, 564	I I		2. 00 4. 00
4. 00 5. 00	OO400	8, 538, 402 122, 427, 054	1			127, 048, 833	5. 00
7. 00	00700 OPERATION OF PLANT	19, 344, 403				21, 976, 192	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	912, 222	2, 783			915, 044	8. 00
9. 00 10. 00	00900   HOUSEKEEPI NG   01000   DI ETARY	7, 986, 642 1, 643, 442				8, 361, 575 1, 830, 461	9. 00 10. 00
11. 00	01100 CAFETERI A	5, 582, 761	462, 506			6, 161, 667	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	9, 436, 702	119, 897	7, 031		9, 705, 609	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	1, 811, 995	l			2, 527, 840	1
15. 00 16. 00	O1500   PHARMACY   O1600   MEDICAL RECORDS & LIBRARY	10, 358, 674 7, 715, 341	46, 282 67, 305		I	10, 925, 787 7, 830, 359	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	6, 001, 144	1			6, 147, 206	1
18. 00	01850 OTHER GENERAL SERVICE	0	0		I I	0	18. 00
19.00	01900 NONPHYSI CI AN ANESTHETI STS	0	0	C	- 1	0	19.00
21. 00 22. 00	02100   &R SERVI CES-SALARY & FRINGES APPRVD 02200   &R SERVI CES-OTHER PRGM COSTS APPRVD	6, 280, 539 10, 365, 376	l e	0 13, 220	100, 170	6, 449, 034 10, 695, 821	21. 00 22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	577, 755	1			714, 976	1
23. 01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	C	- 1	0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	655, 417	1			672, 555	1
23. 03	02303   PHARMACY RESIDNECY-BTH ALLIED HEALTH   INPATIENT ROUTINE SERVICE COST CENTERS	92, 197	0	C	2, 410	94, 607	23. 03
30. 00	03000 ADULTS & PEDIATRICS	67, 968, 072	2, 666, 723	193, 678	1, 581, 627	72, 410, 100	30. 00
31. 00	03100 INTENSIVE CARE UNIT	12, 007, 431	404, 278			12, 728, 291	31. 00
32.00	03200 CORONARY CARE UNIT	6, 978, 584			I	7, 454, 808	•
43. 00	04300   NURSERY   ANCI LLARY SERVI CE COST CENTERS	5, 277, 292	265, 554	21, 971	112, 988	5, 677, 805	43. 00
50.00	05000 OPERATING ROOM	20, 003, 070	999, 423	638, 888	273, 136	21, 914, 517	50. 00
51.00	05100 RECOVERY ROOM	2, 381, 444	1			2, 606, 352	1
52. 00 54. 00	O5200   DELIVERY ROOM & LABOR ROOM   O5400   RADIOLOGY-DIAGNOSTIC	3, 151, 876 8, 157, 475	ľ			3, 334, 747 9, 084, 583	52. 00 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	4, 847, 010				5, 192, 147	55. 00
57.00	05700 CT SCAN	3, 754, 648				3, 990, 619	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 505, 894				1, 711, 134	1
59. 00 60. 00	05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY	6, 155, 235 10, 930, 944				6, 877, 326 11, 051, 714	59. 00 60. 00
64. 00	06400 I NTRAVENOUS THERAPY	628, 502			I I	651, 840	1
65.00	06500 RESPI RATORY THERAPY	8, 392, 514			1	8, 693, 955	1
66.00	06600 PHYSI CAL THERAPY	8, 824, 798	l ·			9, 415, 604	
67. 00 68. 00	O6700   OCCUPATI ONAL THERAPY   O6800   SPEECH PATHOLOGY	2, 171, 984 742, 549	15, 058 5, 152			2, 241, 782 766, 415	
	06900 ELECTROCARDI OLOGY	5, 510, 627				5, 784, 078	
70. 00	07000 ELECTROENCEPHALOGRAPHY	1, 642, 770		70, 201	33, 182	1, 746, 153	70. 00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 MPL. DEV. CHARGED TO PATIENTS	14, 676, 708 21, 766, 742	l	0		14, 676, 708 21, 766, 742	
73. 00	07300 DRUGS CHARGED TO PATIENTS	71, 574, 712				71, 574, 712	73.00
74. 00	07400 RENAL DIALYSIS	1, 177, 098		313	o	1, 181, 249	
76. 00	03330 ENDOSCOPY	664, 698	l	16, 375		695, 422	76. 00
76. 01 76. 03	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03951   LUTHERWOOD PARTNERSHI P	13, 087, 428 1, 807, 952		572, 457 459, 951		14, 818, 847 2, 637, 403	76. 01 76. 03
76. 03	03952 WOUND CARE CENTER	2, 735, 747	139, 277		I I	2, 904, 933	76. 03
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	38, 818, 840	1			41, 025, 356	1
76. 06	03953 I MAGI NG CENTERS	7, 650, 008	1		1	8, 283, 377	76. 06
76. 07	03954 BREAST DI AGNOSTI C CENTER	1, 352, 429	1	1	0	1, 397, 518	1
76. 97 76. 98	O7697   CARDI AC REHABI LI TATI ON   O7698   HYPERBARI C OXYGEN THERAPY	1, 307, 151 907, 478	1		1	1, 520, 458 968, 849	76. 97 76. 98
, 0. , 0	OUTPATIENT SERVICE COST CENTERS	7077170		., .20	,,,,,,,	7007017	70.70
88. 00	08800 RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90. 00 90. 01	O9000   CLINIC   O4950   DIABETIC CARE CENTER		0			0	90. 00 90. 01
90. 02	04951 HEALTHY HEARTS CENTER	4, 466, 963	67, 962	57, 901	92, 941	4, 685, 767	90. 02
90. 03	09001 CLI NI C	0	0	C	o o	0	90. 03
90. 04 90. 05	04953   SPI NE CENTER   04954   I NFUSI ON CENTERS	939, 259	0	60, 818	0 20, 218	0 1, 020, 295	
90.05	09002 MEDCHECK CLINICS	939, 259	0	00,818	20, 218	1, 020, 295	90.05
	09003 KNEE CENTER	5, 049, 788	232, 567	36, 328	77, 240	5, 395, 923	

Health Financial Systems	COMMUNITY HOSPITAL OF INDIANA, INC.	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0074	Peri od:	Worksheet B

From 01/01/2016 To 12/31/2016 Part I Date/Time Prepared: 2/27/2017 9:44 am CAPITAL RELATED COSTS BLDG & FIXT **EMPLOYEE** Cost Center Description Net Expenses MVBLE EQUIP Subtotal for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A 90. 08 09004 PALLIATIVE CARE 23, 065 0 583 23, 648 90.08 0 90. 10 09006 WORK SITE CLINICS 90 10 0 0 0 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 0 0 90. 12 91.00 09100 EMERGENCY 26, 570, 609 693, 344 50, 366 514, 299 27, 828, 618 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 0 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 12, 739, 631 9, 930, 798 637, 797, 361 118. 00 639, 024, 457 8, 420, 907 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 191. 00 19100 RESEARCH 902, 201 10, 892 683 20, 210 933, 986 191. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 802, 599 908, 070 192. 00 98, 843 6,628 194.00 07950 HOME OFFICE 559, 910 0 559, 910 194. 00 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 194. 01 50, 751 194. 03 194. 03 07953 SCHOOL BASED CLINICS 49, 519 0 1, 232 194. 04 07954 SMO-NON PROVIDER BASED 1, 214, 716 Ω 0 27, 012 1, 241, 728 194. 04 194.05 07955 FAMILY PRACTICE MEDICINE 4, 952, 940 293, 124 103, 385 5, 349, 449 194. 05 194. 07 07957 LI FECHECK 635, 087 0 8, 562 14, 495 658, 144 194. 07 194.08 07958 GROUP HOMES AND MISC. N\_R CTRS 1, 965, 200 194. 08 1,883,080 0 42, 554 39, 566 194. 09 07959 SURGERY CENTER EAST 0 194. 09 0 200.00 Cross Foot Adjustments 0 200. 00 201.00 Negative Cost Centers 0 201. 00 202.00 TOTAL (sum lines 118-201) 649, 464, 599 13, 310, 433 10, 374, 564 8, 633, 435 649, 464, 599 202. 00 Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

						2/27/2017 9: 4	<u>4 am</u>
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE			
	I	5. 00	7. 00	8. 00	9. 00	10. 00	
	GENERAL SERVICE COST CENTERS	T					
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	127, 048, 833					5. 00
7.00	00700 OPERATION OF PLANT	5, 350, 236	27, 326, 428	3			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	222, 773	7, 499	1, 145, 316			8.00
9.00	00900 HOUSEKEEPI NG	2, 035, 676	587, 734		10, 984, 985		9.00
10.00	01000 DI ETARY	445, 637	376, 328		154, 649	2, 807, 075	10.00
11. 00	01100 CAFETERI A	1, 500, 095	1, 245, 982		512, 027	0	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	2, 362, 889	323, 000			0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	615, 418	508, 090		208, 796		14. 00
	01500 PHARMACY					0	
15. 00		2, 659, 948	124, 682		51, 237		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1, 906, 348	181, 318		74, 511	0	16.00
17. 00	01700 SOCIAL SERVICE	1, 496, 574	21, 611	0	8, 881	0	17. 00
18. 00	01850 OTHER GENERAL SERVICE	0	0	0	0	0	18. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	1, 570, 056	0	0	0	0	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2, 603, 962	134, 789	0	55, 391	0	22. 00
23.00	02300 EMS TRAINING-ALLIED HEALTH	174, 065	320, 485	0	131, 701	0	23.00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	0	0	0	0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	163, 738	20, 912	0	8, 594	0	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	23, 033	. 0	ol	0	0	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS		_		-1	-	
30. 00	03000 ADULTS & PEDI ATRI CS	17, 628, 567	7, 184, 101	505, 594	2, 952, 253	2, 312, 563	30. 00
31. 00	03100   NTENSI VE CARE UNIT	3, 098, 779	1, 089, 117		447, 564	249, 972	31. 00
32. 00	03200 CORONARY CARE UNIT	1, 814, 918	830, 251				32. 00
43. 00	04300 NURSERY		715, 397		293, 987	244, 540	43. 00
43.00		1, 382, 296	/15, 39/	44, 094	293, 987	U	43.00
F0 00	ANCILLARY SERVICE COST CENTERS	F 00F 004	0 (00 105	10.000	4 407 400	0	F0 00
50. 00	05000 OPERATING ROOM	5, 335, 221	2, 692, 425		1, 106, 432	0	50.00
51. 00	05100 RECOVERY ROOM	634, 532	457, 276		187, 914	0	51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	811, 864	282, 666			0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 211, 696	1, 585, 516	22, 077	651, 556	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	1, 264, 059	392, 397	9, 430	161, 253	0	55.00
57.00	05700 CT SCAN	971, 540	179, 594	45, 368	73, 803	0	57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	416, 586	243, 030	11, 501	99, 871	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	1, 674, 326	751, 027		308, 629	0	59.00
60. 00	06000 LABORATORY	2, 690, 606	288, 208		118, 437	0	60. 00
64. 00	06400 I NTRAVENOUS THERAPY	158, 694	24, 126		9, 914	0	64. 00
65. 00	06500 RESPIRATORY THERAPY	2, 116, 596	126, 405		51, 945	0	65. 00
	06600 PHYSI CAL THERAPY					0	
66.00		2, 292, 285	159, 241		65, 439		66.00
67. 00	06700 OCCUPATI ONAL THERAPY	545, 775	40, 567	•	16, 671	0	67.00
68. 00	06800 SPEECH PATHOLOGY	186, 588	13, 879	•	5, 704	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	1, 408, 168	59, 616		24, 499	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	425, 111	0	3, 916	0	0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 573, 133	0	0	0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5, 299, 244	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17, 425, 293	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	287, 582	10, 340	o	4, 249	0	74.00
76.00	03330 ENDOSCOPY	169, 305	. 0	3, 994	. 0	0	76.00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	3, 607, 737	201, 345	·	82, 741	0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	642, 092	201, 010	j o	02, 711	0	76. 03
76. 04	03952 WOUND CARE CENTER	707, 223	375, 211	21, 093	154, 190	0	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	9, 987, 869	943, 196		387, 600	0	76. 05
76. 05							
	03953 I MAGI NG CENTERS	2, 016, 638	5, 263		2, 163	0	76. 06
76. 07	03954 BREAST DI AGNOSTI C CENTER	340, 234	121, 468		49, 917	0	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	370, 165	351, 038		144, 256	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	235, 872	136, 093	0	55, 926	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLI NI C	0	0	0	0	0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	o	0	0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	1, 140, 778	183, 088	2, 981	75, 238	0	90. 02
90. 03	09001 CLINI C	n ., , , , o	1,55,500	]	n . 5, 250	0	90. 03
90. 04	04953 SPI NE CENTER	0	0		0	Ö	90. 04
90. 04	04954 I NFUSI ON CENTERS	248, 397				0	90. 04
	l l	240, 397			o o		
90.06	09002 MEDCHECK CLINICS	1 212 (72	/0/ 501	<u> </u>	0[7.4(2	0	90.06
90. 07	09003 KNEE CENTER	1, 313, 670	626, 531	.]	257, 468	0	90. 07
90. 08	09004 PALLI ATI VE CARE	5, 757	0	0	이	0	90. 08
90. 10	09006 WORK SITE CLINICS	0	0	0	0	0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 12
91. 00	09100 EMERGENCY	6, 775, 044	1, 867, 856	205, 651	767, 581	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

0 194. 03

0 194. 04

0 194. 05

0 194. 07

0 194. 08

0 194. 09

0 201. 00

2, 807, 075 202. 00

200. 00

0

0

0

0

0

1, 145, 316

0

0

0

0

27, 326, 428

0

0

0

0

0

10, 984, 985

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part I 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY & GENERAL PLANT LINEN SERVICE 5.00 7.00 8.00 9.00 10.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 98.00 0 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 118.00 124, 344, 688 25, 788, 698 1, 145, 316 10, 353, 066 2, 807, 075 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 191. 00 19100 RESEARCH 227, 384 29, 342 0 12, 058 0 191. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 0 192.00 221, 075 0 194, 00 194.00 07950 HOME OFFICE 0 1,508,388 619, 861 0 0 194. 01 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS

12, 356

302, 306

160, 229

478, 440

0

1, 302, 355

127, 048, 833

194. 03 07953 SCHOOL BASED CLINICS

194. 09 07959 SURGERY CENTER EAST

194. 07 07957 LI FECHECK

200.00

201.00

202.00

194. 04 07954 SMO-NON PROVIDER BASED

194. 05 07955 FAMILY PRACTICE MEDICINE

194. 08 07958 GROUP HOMES AND MISC. N\_R CTRS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118-201)

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2016 | Part I | To 12/31/2016 | Date/Time Prepared: | 2/27/2017 9:44 am

					127 317 2010	2/27/2017 9: 4	
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDICAL RECORDS &	
			ADMINISTRATION	SUPPLY		LI BRARY	
		11. 00	13. 00	14. 00	15. 00	16. 00	
	NERAL SERVICE COST CENTERS						1 00
	100 CAP REL COSTS-BLDG & FLXT 200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
	400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
	500 ADMINISTRATIVE & GENERAL						5. 00
	700 OPERATION OF PLANT						7. 00
8.00 008	BOO LAUNDRY & LINEN SERVICE						8. 00
	900 HOUSEKEEPI NG						9. 00
	DOO DI ETARY						10. 00
	100 CAFETERI A	9, 419, 771					11. 00
	300 NURSING ADMINISTRATION	218, 774					13.00
	400 CENTRAL SERVICES & SUPPLY	18, 752		3, 880, 957	14 100 107		14.00
	500 PHARMACY 600 MEDICAL RECORDS & LIBRARY	331, 286 93, 760		9, 187 405	14, 102, 127	10, 086, 701	15. 00 16. 00
	700 SOCIAL SERVICE	206, 272		794	0	0	17. 00
	B50 OTHER GENERAL SERVICE	0		0	0	Ö	18. 00
	900 NONPHYSICIAN ANESTHETISTS	0	o	0	0	0	19.00
21. 00   021	100 I&R SERVICES-SALARY & FRINGES APPRVD	318, 785	o	0	0	0	21. 00
	200 I&R SERVICES-OTHER PRGM COSTS APPRVD	181, 270	0	6, 946	0	0	22. 00
	300 EMS TRAINING-ALLIED HEALTH	0	1	0	0	0	23. 00
	301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	-1	0	0	0	23. 01
	302 PHARMACY RESIDENCY-ALLIED HEALTH	25, 003		0	0	0	23. 02
	303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	6, 251	0	0	0	0	23. 03
	PATIENT ROUTINE SERVICE COST CENTERS DOO ADULTS & PEDIATRICS	2, 487, 767	6, 701, 180	137, 490	0	716, 206	30.00
	100 INTENSIVE CARE UNIT	412, 545		19, 844	0		31.00
	200 CORONARY CARE UNIT	287, 531		16, 971	0	l	32.00
	300 NURSERY	187, 520		10, 461	0		43. 00
	CILLARY SERVICE COST CENTERS						
50.00 050	OOO OPERATING ROOM	437, 547	1, 178, 599	437, 147	0	594, 893	50. 00
51.00 051	100 RECOVERY ROOM	75, 008	0	6, 129	0	72, 404	51.00
	200 DELIVERY ROOM & LABOR ROOM	75, 008		7, 699	0		52.00
	400 RADI OLOGY-DI AGNOSTI C	306, 283		34, 812	0	,	54.00
	500 RADI OLOGY-THERAPEUTI C	168, 768		20, 040	0	79, 884	55. 00
	700 CT SCAN	81, 259		4, 883	0	373, 345	57.00
	BOO MAGNETIC RESONANCE IMAGING (MRI) 900 CARDIAC CATHETERIZATION	43, 755	0	1, 961	0	,	58. 00 59. 00
	DOO LABORATORY	193, 771 0		30, 594 174, 939	0	726, 782 701, 895	
	400 I NTRAVENOUS THERAPY	25, 003	1 -1	3, 517	0	5, 723	64. 00
	500 RESPIRATORY THERAPY	293, 782		43, 788	0	1	65. 00
	600 PHYSI CAL THERAPY	125, 014		10, 241	0	114, 830	66. 00
	700 OCCUPATI ONAL THERAPY	75, 008		2, 318	0	29, 347	67. 00
68. 00 068	BOO SPEECH PATHOLOGY	25, 003	o	792	0	10, 159	68. 00
	900 ELECTROCARDI OLOGY	262, 528		18, 647	0	221, 938	69. 00
	DOO ELECTROENCEPHALOGRAPHY	56, 256	1	7, 730	0	33, 833	70. 00
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		1, 032, 918	0	339, 100	71.00
	200 IMPL. DEV. CHARGED TO PATIENTS	0	1	1, 531, 878	0		
	300 DRUGS CHARGED TO PATIENTS	0	1	2 920	14, 102, 127	2, 587, 319	
	400 RENAL DI ALYSI S 330 ENDOSCOPY	18, 752	-1	3, 820	0	17, 090 19, 671	74. 00 76. 00
	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	300, 033		23, 920	0	44, 819	76. 01
	951 LUTHERWOOD PARTNERSHIP	0	l ol	24, 476	0	3, 373	76. 03
76. 04 039	952 WOUND CARE CENTER	56, 256	o	22, 904	0	52, 161	76. 04
76. 05   034	480 ONCOLOGY-CANCER CARE CENTER	687, 575	o	24, 209	0	843, 439	76. 05
76. 06 039	953 I MAGI NG CENTERS	25, 003	0	54, 805	0	215, 011	76. 06
	954 BREAST DIAGNOSTIC CENTER	0	1 -1	472	0	15, 758	76. 07
	697 CARDI AC REHABI LI TATI ON	75, 008		2, 673	0	17, 199	76. 97
	698 HYPERBARI C OXYGEN THERAPY	18, 752	0	1, 699	0	21, 205	76. 98
	FPATIENT SERVICE COST CENTERS		1 0				00.00
	BOO RURAL HEALTH CLINIC 900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	88. 00 89. 00
	000 CLINIC	0		0	0		90.00
	950 DI ABETI C CARE CENTER	0		0	0		90.00
	951 HEALTHY HEARTS CENTER	162, 518		12, 025	0	22, 008	90. 02
	001 CLI NI C	0	o	0	0	0	90. 03
	953 SPINE CENTER	0	o	0	0	0	90. 04
	954 INFUSION CENTERS	0	o	3, 010	0	13, 318	90. 05
	DO2 MEDCHECK CLINICS	0		0	0	0	90. 06
	003 KNEE CENTER	181, 270	0	5, 214	0	26, 650	90. 07
	004 PALLI ATI VE CARE	0	0	0	0	12	90. 08
	006 WORK SITE CLINICS	0	l Ö	0	0	0	90. 10
	961 FAMILY PRACTICE AND MATERNITY CARE	843, 841	2, 273, 013	113, 843	0	0 1, 011, 776	90. 12 91. 00
71.00  09	TOO EMERGENOT	043, 041	2,213,013	113, 043	0	1,011,770	71.00

0 194. 04

0 194. 05 0 194. 07

0 194. 08

0 194. 09

0 201. 00

10, 086, 701 202. 00

200.00

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part I 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & RECORDS & SUPPLY LI BRARY 11.00 13.00 15.00 14.00 16.00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 92.00 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 9, 388, 517 12, 745, 711 3, 865, 201 14, 102, 127 10<u>,</u> 086, 701 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH 0 190. 00 0 0 0 0 0 0 0 0 25,003 122 0 191, 00 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 536 0 192. 00 194.00 07950 HOME OFFICE 0 0 0 194. 00 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 0 194. 01 0 0 194. 03 194. 03 07953 SCHOOL BASED CLINICS 45

0

0

0

0

6, 251

9, 419, 771

16

177

0

14, 102, 127

4, 214

3, 880, 957

10, 646

0

0

12, 745, 711

194. 04 07954 SMO-NON PROVIDER BASED

194. 09 07959 SURGERY CENTER EAST

194. 07 07957 LI FECHECK

200.00

201.00

202.00

194. 05 07955 FAMILY PRACTICE MEDICINE

194.08 07958 GROUP HOMES AND MISC. N\_R CTRS

Cross Foot Adjustments Negative Cost Centers

TOTAL (sum lines 118-201)

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: 2/27/2017 9: 44 am

			OTHER GENERAL		INTERNS &	2/27/2017 9: 4 RESI DENTS	4 am
	Cost Center Description	SOCIAL SERVICE	SERVI CE	NONPHYSI CI AN	SERVI CES-SALAR	SEDVI CES OTHED	
	cost center bescription	SOCIAL SERVICE		ANESTHETI STS	Y & FRINGES	PRGM COSTS	
	I	17. 00	18. 00	19. 00	21. 00	22.00	
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS-BLDG & FIXT						1. 00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8. 00
9. 00 10. 00	01000 DI ETARY						9. 00 10. 00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION						13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15.00
16. 00 17. 00	O1600   MEDICAL RECORDS & LIBRARY   O1700   SOCIAL SERVICE	7, 881, 338					16. 00 17. 00
18. 00	01850 OTHER GENERAL SERVICE	7,001,330	0				18. 00
19. 00	01900 NONPHYSI CI AN ANESTHETI STS	0	0	C	)		19. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		8, 337, 875		21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0			13, 678, 179	22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0	0				23. 00
23. 01 23. 02	02301   RADI OLOGY SCHOOL-ALLI ED HEALTH   02302   PHARMACY RESI DENCY-ALLI ED HEALTH	0	0				23. 01 23. 02
23. 02	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0				23. 02
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	<u> </u>				20.00
30.00	03000 ADULTS & PEDIATRICS	6, 151, 106	0	C	2, 500, 505	4, 102, 046	30. 00
31. 00	03100 I NTENSI VE CARE UNI T	672, 051	0	C	-	0	31. 00
32.00	03200 CORONARY CARE UNIT	657, 448	0	O	-	0	32. 00
43. 00	04300   NURSERY   ANCI LLARY SERVI CE COST CENTERS	400, 733	0	C	0	0	43. 00
50. 00	05000 OPERATING ROOM	O	0	C	75, 058	123, 132	50. 00
51. 00	05100 RECOVERY ROOM	O	Ö	C	.,	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	C	o	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	C	8, 578	14, 072	54.00
55. 00	O5500  RADI OLOGY - THERAPEUTI C	0	0	0	0	0	55. 00
57. 00 58. 00	05700 CT SCAN   05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	Ö	Ö	0	59. 00
60.00	06000 LABORATORY	0	0	Ö	0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	C	0	0	64. 00
65. 00	06500 RESPIRATORY THERAPY	0	0	O	0	0	65.00
66. 00 67. 00	O6600  PHYSI CAL THERAPY   O6700  OCCUPATI ONAL THERAPY	0	0	Ü		0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	C	Ö	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	C	0	0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
74. 00 76. 00	07400   RENAL DI ALYSI S   03330   ENDOSCOPY	0	0	0		0	74. 00 76. 00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76. 00
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	0	Ö	0	0	76. 03
76. 04	03952 WOUND CARE CENTER	0	0	C	57, 902	94, 987	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	C	0	0	76. 05
76. 06	03953   I MAGI NG CENTERS   03954   BREAST DI AGNOSTI C CENTER	0	0	0	0	0	76. 06
76. 07 76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	76. 07 76. 97
	07698 HYPERBARI C OXYGEN THERAPY	0	0	C	Ö	0	76. 77
	OUTPATIENT SERVICE COST CENTERS		-				
	08800 RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0	0	89. 00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90. 01 90. 02	04950  DI ABETI C CARE CENTER   04951  HEALTHY HEARTS CENTER	0	0	0	0	0	90. 01 90. 02
90. 02	09001 CLINIC		0	0	ol	0	90. 02
90. 04	04953 SPI NE CENTER	l ő	Ö	C	ol ol	0	90. 04
90. 05	04954 I NFUSI ON CENTERS	o	0	C	171, 561	281, 444	90. 05
90.06	09002 MEDCHECK CLINICS	0	0	C	0	0	90.06
90. 07	09003 KNEE CENTER	0	0	0	17, 156	28, 144	90. 07
90. 08 90. 10	09004 PALLIATIVE CARE 09006 WORK SITE CLINICS		O O	0		0	90. 08 90. 10
	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	O.		0	90. 10
	1 1				1 -1		· · · · · · · · · · · · · · · · · · ·

COMMUNITY HOSPITAL OF INDIANA, INC.

In Lieu of Form CMS-2552-10

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 

			'	12/01/2010	2/27/2017 9: 44	4 am
		OTHER GENERAL		INTERNS &	RESI DENTS	
	000111 0501105	SERVI CE		050,4,050,041,45	250,41,050,071,50	
Cost Center Description	SOCIAL SERVICE			SERVI CES-SALAR		
	17.00	18. 00	ANESTHETI STS	Y & FRINGES 21.00	PRGM COSTS 22.00	
91. 00   09100   EMERGENCY	17. 00	18.00	19. 00	396, 735	650, 839	91. 00
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)		U	U	390, 733	000, 039	91.00
OTHER REIMBURSABLE COST CENTERS						92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS		0	0	o	0	98. 00
SPECIAL PURPOSE COST CENTERS	U U	U <sub>I</sub>	0	U <sub>I</sub>	U	70.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7, 881, 338	0	0	3, 227, 495	5, 294, 664	118 00
NONREI MBURSABLE COST CENTERS	7,001,330		0	3, 227, 473	3, 274, 004	110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	O.	0	0	n	0	190. 00
191. 00 19100 RESEARCH	0	0	0	17, 156	28, 144	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	551, 140	904, 139	
194. 00 07950 HOME OFFI CE	0	0	0	0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	o	0	0	o		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0		194. 03
194. 04 07954 SMO-NON PROVIDER BASED	o	o	0	0	0	194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	o	o	0	4, 542, 084	7, 451, 232	194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	o	0	0	0	0	194. 08
194.09 07959 SURGERY CENTER EAST	o	0	0	0	0	194. 09
200.00 Cross Foot Adjustments			0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118-201)	7, 881, 338	0	0	8, 337, 875	13, 678, 179	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Peri od: Worksheet B From 01/01/2016 Part I To 12/31/2016 Date/Ti me Prepared:

2/27/2017 9:44 am Cost Center Description EMS RADI OLOGY **PHARMACY** PHARMACY Subtotal TRAI NI NG-ALLI E SCHOOL-ALLI ED RESI DENCY-ALLI RESI DNECY-BTH HEALTH ED HEALTH ALLI ED HEALTH D HEALTH 24.00 23.02 23.03 23.00 23. 01 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00700 OPERATION OF PLANT 7.00 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 00900 HOUSEKEEPI NG 9.00 9 00 10.00 01000 DI ETARY 10.00 11.00 01100 CAFETERI A 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14 00 15.00 01500 PHARMACY 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 18.00 01850 OTHER GENERAL SERVICE 18.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22 00 22 00 23.00 02300 EMS TRAINING-ALLIED HEALTH 1, 341, 227 23.00 02301 RADIOLOGY SCHOOL-ALLIED HEALTH 23. 01 23.01 02302 PHARMACY RESIDENCY-ALLIED HEALTH 890, 802 23.02 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 123, 891 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 0 0 125, 789, 478 30.00 0 0 31 00 03100 INTENSIVE CARE UNIT 0 0 20 044 349 31 00 03200 CORONARY CARE UNIT 0 0 32.00 0 0 12, 602, 980 32.00 04300 NURSERY 9, 293, 947 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 33, 935, 804 0 0 0 50.00 51.00 05100 RECOVERY ROOM 0 0 0 0 4, 039, 615 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 0000000000000000000000000000 0 0 4, 877, 853 52.00 54 00 05400 RADI OLOGY-DI AGNOSTI C 0 0 14, 196, 925 54 00 0 55.00 05500 RADI OLOGY-THERAPEUTI C 0 7, 287, 978 55.00 05700 CT SCAN 0 0 0 5, 720, 411 57.00 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 0 2, 619, 639 58.00 05900 CARDIAC CATHETERIZATION 0 10, 580, 714 59 00 Ω 59 00 06000 LABORATORY 60.00 0 0 15, 025, 799 60.00 06400 I NTRAVENOUS THERAPY 0 878, 817 64.00 64.00 0 65.00 06500 RESPIRATORY THERAPY 0 0 11, 465, 358 65.00 06600 PHYSI CAL THERAPY 12, 182, 654 0 66.00 0 66 00 o 67.00 06700 OCCUPATIONAL THERAPY 2, 951, 468 67.00 1, 008, 540 68.00 06800 SPEECH PATHOLOGY 0 0 68.00 0 06900 ELECTROCARDI OLOGY 7, 779, 474 69.00 0 0 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 2, 272, 999 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 19, 621, 859 71.00 72 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 28, 911, 795 72 00 07300 DRUGS CHARGED TO PATIENTS 123, 891 890, 802 73.00 0 106, 704, 144 73.00 07400 RENAL DIALYSIS 74.00 0 0 0 1,504,330 74 00 03330 ENDOSCOPY 907, 144 76.00 76.00 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 0 0 19, 079, 442 76.01 03951 LUTHERWOOD PARTNERSHIP 3, 307, 344 76.03 0 0 0 76.03 76. 04 03952 WOUND CARE CENTER 0 0 0 4, 446, 860 76.04 53, 918, 227 76.05 03480 ONCOLOGY-CANCER CARE CENTER 0 0 0 76.05 0 03953 I MAGING CENTERS 0 10, 602, 260 76.06 0 76.06 ő 76.07 03954 BREAST DIAGNOSTIC CENTER Ω 1, 925, 367 76.07 07697 CARDIAC REHABILITATION 0 0 0 2, 480, 797 76.97 0 76.97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0 1, 438, 396 76. 98 0 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 0000000000 0 90.00 09000 CLI NI C 0 0 90.00 0 04950 DIABETIC CARE CENTER 0 90.01 0 Ω 90 01 0 90.02 04951 HEALTHY HEARTS CENTER 0 6, 284, 403 90.02 0 90.03 09001 CLI NI C 0 0 0 90.03 90.04 04953 SPINE CENTER 0 0 90.04 0 04954 INFUSION CENTERS 0 90.05 0 1, 738, 025 90.05 90.06 09002 MEDCHECK CLINICS 0 0 0 90.06 0 0 90.07 09003 KNEE CENTER 0 0 7, 852, 026 90.07 09004 PALLIATIVE CARE Ω 0 90.08 90.08 29, 417 0 90.10 09006 WORK SITE CLINICS 0 C 0 0 90.10 04961 FAMILY PRACTICE AND MATERNITY CARE 90.12 90.12 91. 00 09100 EMERGENCY 1, 341, 227 0 44, 076, 024 91.00

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part I 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description EMS RADI OLOGY PHARMACY PHARMACY Subtotal FRAI NI NG-ALLI E SCHOOL-ALLI ED RESI DENCY-ALLI RESI DNECY-BTH HEALTH D HEALTH ED HEALTH ALLI ED HEALTH 24.00 23.00 23. 01 23. 02 23.03 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 92.00 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 1, 341, 227 0 890, 802 123, 891 118.00 619, 382, 662 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH 0 0 0 0 190. 00 0 1, 273, 195 191. 00 0 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 0 0 0 0 0 0 0 0 2, 584, 960 192. 00 194.00 07950 HOME OFFICE 0 0 0 2, 688, 159 194. 00 0 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 0 0 194. 01 0 63, 152 194. 03 194. 03 07953 SCHOOL BASED CLINICS 194. 04 07954 SMO-NON PROVIDER BASED 0 0 0 0 0 0 0 1, 544, 050 194. 04 194. 05 07955 FAMILY PRACTICE MEDICINE 0 18, 655, 766 194. 05 OI 0 824, 801 194. 07 194. 07 07957 LI FECHECK 194.08 07958 GROUP HOMES AND MISC. N\_R CTRS 0 2, 447, 854 194. 08 194. 09 07959 SURGERY CENTER EAST 0 0 194. 09 200.00 0 0 0 200. 00 Cross Foot Adjustments Negative Cost Centers 0 201.00 201.00 0 0 202.00 TOTAL (sum lines 118-201) 1, 341, 227 890, 802 123, 891 649, 464, 599 202. 00

| Period: | Worksheet B | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074

				To 12/31/2016 Part Time Pre	
	Cost Center Description	Intern &	Total	2/27/2017 9: 4	4 am
	р	Residents Cost			
		& Post			
		Stepdown Adjustments			
		25. 00	26. 00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FLXT				1.00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT				2. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL			·	5. 00
7.00	00700 OPERATION OF PLANT			1	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE				8. 00
9.00	00900 HOUSEKEEPI NG				9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A				10. 00 11. 00
13. 00	01300 NURSI NG ADMINI STRATI ON				13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY				14. 00
15. 00	01500 PHARMACY				15. 00
	01600 MEDICAL RECORDS & LIBRARY				16.00
17. 00 18. 00	01700 SOCI AL SERVI CE 01850 OTHER GENERAL SERVI CE				17. 00 18. 00
	01900 NONPHYSI CI AN ANESTHETI STS				19. 00
					21. 00
	l i				22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH				23. 00
23. 01 23. 02	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 02302 PHARMACY RESI DENCY-ALLI ED HEALTH				23. 01 23. 02
23. 02	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH				23. 02
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	l i	-6, 602, 551	119, 186, 927		30.00
31. 00	03100 I NTENSI VE CARE UNI T	0	20, 044, 349		31.00
32. 00 43. 00	03200   CORONARY CARE UNIT   04300   NURSERY		12, 602, 980 9, 293, 947		32. 00 43. 00
10.00	ANCI LLARY SERVI CE COST CENTERS	9	7, 270, 717		10.00
50.00	05000 OPERATING ROOM	-198, 190	33, 737, 614		50. 00
51.00	05100 RECOVERY ROOM	0	4, 039, 615		51.00
52. 00 54. 00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0 -22, 650	4, 877, 853 14, 174, 275		52. 00 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	-22, 630	7, 287, 978		55. 00
57. 00	05700 CT SCAN	o	5, 720, 411		57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2, 619, 639		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	10, 580, 714		59.00
60. 00 64. 00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	0	15, 025, 799 878, 817		60. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY		11, 465, 358		65. 00
66.00	06600 PHYSI CAL THERAPY	0	12, 182, 654		66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0	2, 951, 468		67. 00
68. 00	06800 SPEECH PATHOLOGY	0	1, 008, 540		68. 00
69.00	06900  ELECTROCARDI OLOGY   07000  ELECTROENCEPHALOGRAPHY	0	7, 779, 474 2, 272, 999		69. 00 70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19, 621, 859		71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28, 911, 795		72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	106, 704, 144		73. 00
	07400 RENAL DI ALYSI S 03330 ENDOSCOPY	0	1, 504, 330		74. 00 76. 00
76. 00 76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		907, 144 19, 079, 442		76. 00
		o	3, 307, 344		76. 03
	l i	-152, 889	4, 293, 971		76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	53, 918, 227		76. 05
76. 06 76. 07	03953 I MAGI NG CENTERS 03954 BREAST DI AGNOSTI C CENTER	0	10, 602, 260 1, 925, 367		76. 06 76. 07
	07697 CARDI AC REHABI LI TATI ON		2, 480, 797		76. 07
	07698 HYPERBARI C OXYGEN THERAPY	Ö	1, 438, 396		76. 98
	OUTPATIENT SERVICE COST CENTERS				
88. 00	08800 RURAL HEALTH CLINIC	0	0	1	88. 00
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0	1	89. 00 90. 00
90. 00	04950 DI ABETI C CARE CENTER		0		90.00
	04951 HEALTHY HEARTS CENTER	o o	6, 284, 403	!	90. 02
		0	0		90. 03
	04953 SPINE CENTER	0	0		90. 04
90. 05 90. 06	04954 I NFUSION CENTERS 09002 MEDCHECK CLINICS	-453, 005	1, 285, 020		90. 05 90. 06
		-45, 300	7, 806, 726		90.00
90. 08	09004 PALLIATI VE CARE	0	29, 417	!	90. 08
90. 10	09006 WORK SITE CLINICS	0	o		90. 10

Health Financial Systems		COMMUNITY HOSPITAL OF	I NDI ANA,	INC.		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL	SERVICE COSTS		Provi der	CCN:	15-0074	From 01/01/2016	Worksheet B Part I Date/Time Prepared:

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-00/4	Ferrod: Worksheet From 01/01/2016 Part I To 12/31/2016 Date/Time 2/27/2017	Prepared:
Cost Center Description	Intern &	Total		
	Residents Cost			
	& Post			
	Stepdown			
	Adjustments			
	25. 00	26. 00		
90.12  04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90. 12
91. 00   09100   EMERGENCY	-1, 047, 574	43, 028, 450		91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			92. 00
OTHER REIMBURSABLE COST CENTERS				
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98. 00
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1-117)	-8, 522, 159	610, 860, 503		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190. 00
191. 00 19100 RESEARCH	-45, 300	1, 227, 895		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	-1, 455, 279	1, 129, 681		192. 00
194. 00 07950 HOME OFFICE	0	2, 688, 159		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	63, 152		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	1, 544, 050		194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	-11, 993, 316	6, 662, 450		194. 05
194. 07 07957 LI FECHECK	0	824, 801		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	2, 447, 854		194. 08
194.09 07959 SURGERY CENTER EAST	0	0		194. 09
200.00 Cross Foot Adjustments	0	0		200. 00
201.00 Negative Cost Centers	0	0		201. 00
202.00   TOTAL (sum lines 118-201)	-22, 016, 054	627, 448, 545		202. 00

| Peri od: | Worksheet B | From 01/01/2016 | Part | I | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

Cost Center Description						То	12/31/2016	Date/Time Prep 2/27/2017 9:44	
PRIMERIA   SERVICE COST CENTERS   1.00   2.00   2A   4.00   1.0					CAPI TAL REI	ATED COSTS		272772017 7. 1	T GIII
PRIMERIA   SERVICE COST CENTERS   1.00   2.00   2A   4.00   1.0			Cost Contor Doscription	Directly	DIDC & ELVT	MVDLE EQUID	Subtotal	EMDI OVEE	
PRIME   SPRINGE ORT CHITTES			cost center bescription		DLUG & FIXI	WVBLE EQUIP	Subtotal		
CEBEROL SERVICE COST CERTERS								DEPARTMENT	
SERBERL SERVICE DOST CRITERS					1. 00	2.00	2A	4.00	
2.00									
4.00   DOGOD   IMPLOYEE SIRVEY IS DEPARTMENT   0   81,700   11,873   99,033   90,033   60,003   70,000									
5.00		1	l e e e e e e e e e e e e e e e e e e e	0	83, 210	11, 823	95, 033	95, 033	
8.00   0.0800   JAURINY & LINEN SERVICE   0   2,783   39   2,822   0   8.00   0.000   0.000   DIETARY   0   139,092   0,501   140,243   1.400   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.	5.00	00500	ADMINISTRATIVE & GENERAL	0	920, 431	3, 172, 240	4, 092, 671		
9.00   0.0990   MUSEKEEP NS		1	l .	0					
10.00   01000   DETARY   0   139.992   0.551   140.243   1.404   11.00   110.00   CAFETERIA A   1.004   11.00   110.00   CAFETERIA A   1.004   11.00   110.00   CAFETERIA A   1.004   11.00   110.00		1	•	0					
13.00   01300   MIRSING AGMINN STRATION   0   119, 197   7, 031   126, 928   1, 562   13, 00   150   01500   PHARMACY   0   46, 282   284, 748   331, 030   2, 598   15, 00   1500   PHARMACY   0   46, 282   284, 748   331, 030   2, 598   15, 00   1500   PHARMACY   0   67, 785   134   00   1000		1	•	0					
14.00   01400   CFNITAN SFRVICES & SUPPLY   0   188, 800   520, 188   700, 700   78   14.00   16.00		1	l .	0					
15.00 0 1500   PIAMAMOCY   0   46,282   204,748   331,030   2.998   15.00   17.00 0 1700   SOCI AL SERVICE   0   8,022   379   8,401   1,515   17.00   18.00 0 1850   OHRO CHER CREATER SERVICE   0   8,022   379   8,401   1,515   17.00   19.00 0 1850   OHRO CHER CREATER SERVICE   0   0   0   0   0   0   10.00   19.00 0 1850   OHRO CHER CREATER SERVICE   0   0   0   0   0   0   10.00   19.00 0 1850   OHRO CHER CREATER SERVICE   0   0   0   0   0   0   0   0   0		1	l .	0					
17.00   01700   SCCI AL SERVICE   0   8.022   379   8.401   1.515   17.00   19.00   01900   000PHYSICI AN AMESTHETISTS   0   0   0   0   0   0   19.00   19.00   01900   000PHYSICI AN AMESTHETISTS   0   0   0   0   0   0   0   19.00   22.00   02200   18 R SERVICES-CHINER PRING COSTS APPRVD   0   0   0   0   0   0   0   0   0   23.00   02200   18 R SERVICES-CHINER PRING COSTS APPRVD   0   118, R63   16, 072   135, 085   2, 940   22   00   23.00   02300   PHARMACY RESIDENCY-ALLED HEALTH   0   118, R63   16, 072   135, 085   0   0   0   2   2   0   23.00   02300   PHARMACY RESIDENCY-ALLED HEALTH   0   7, 763   0   7, 763   103   22   0   0   0   0   0   0   0   23.00   02300   PHARMACY RESIDENCY-ALLED HEALTH   0   7, 763   0   7, 763   103   23   0   0   0   0   0   0   0   0   0		1	l .	0					
18.00   01850   OTHER GENERAL SERVICE   0   0   0   0   0   0   19.00				0					
19.00   01900   MONPHYSICI AM AMESTHETISTS   0   0   0   0   0   19.00				0			8, 401		
21.00				0	-		0		
23.00   02300   EMS TRAIN ING-ALLIED HEALTH   0   118, 963   16, 072   135, 035   24   23.00   23.01   02301   EMD TOOK OF SCHOOL-ALLIED HEALTH   0   0   0   0   0   0   23.01   23.01   23.01   23.022   PHARMACY RESIDENCY-ALLIED HEALTH   0   0   0   0   0   0   27.763   23.02   23.00				0	0		Ō		
3.3 01   03201   RADIOLOGY SCHOOL-ALLIED HEALTH   0   0   7, 03   0   0   7, 03   103   32   32   32   32   33   30   03203   PHARMACY RESIDNECY-BIH ALLIED HEALTH   0   0   7, 03   0   0   0   0   7, 03   103   32   32   32   32   32   32   32				0					
23.02   02302   PHARMACY RESIDENCY-ALLIED HEALTH   0   0   0   0   0   7.763   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   7.763   0   0   0   0   0   0   0   7.763   0   0   0   0   0   0   0   0   0				0					
INPATI ENT ROUTH NE SERVICE COST CENTERS   0   2,666,723   193,678   2,860,401   17,435   30.00   31.00   31.00   30.00   50				0	_	1	ĭ	- 1	
30.00   30000   JAULTS & PEDI ATRICS   0   2, 666, 723   193, 678   2, 860, 401   17, 435   30.00   31.00   310.00   110   INTENSIVE CARE UNIT   0   308, 188   8, 072   316, 260   1, 760   32.00   403.00   43000	23. 03			0	0	0	0	27	23. 03
13.1 0.0   03.100   INTENSIVE CARE UNIT   0   30.40, 278   39, 422   443, 700   3, 050   31. 00   32. 00   33.00   03.00   03.00   07.00   03.00   07.00   32.00   03.00   07.00   32.00   03.00   07.00   32.00   03.00   07.00   32.00   07.00   32.00   07.00   32.00   07.00   32.00   07.00   0	30 00				2 666 723	103 679	2 860 401	17 /25	30 00
A3. 00   A3.00   NURSERY   0   265, 554   21, 971   287, 525   1, 243   30   OB				0					
ANCIL LARY SERVICE COST CENTERS   50.00									
50.00	43.00			0	265, 554	21, 9/1	287, 525	1, 243	43.00
52.00	50.00			0	999, 423	638, 888	1, 638, 311	3, 006	50. 00
54.00			•	0					
55 00   05500   RADI OLOGY-THERAPEUTIC   0   14,6 657   101, 461   247, 118   1,079   55.00   57.00   05700   CTSCAN   0   66,6 665   89,766   156,431   875   57.00   58.00   05800   MAGNETIC RESONANCE I MAGING (MRI ) 0   90, 212   86,643   176,855   312   58.00   59.00   05900   CAGRIJAC CATHER IZATION   0   278,780   312,520   591,300   1,439   59.00   06.00   06000   LABORATORY   0   16,6 92   13,723   120,705   1   60.00   06.00   06000   RESPIRATORY   0   8,956   416   9,372   154   64.00   06.00   06.00   06000   RESPIRATORY   16RAPY   0   46,921   74,130   121,051   1,985   65.00   06.00				0					
58 00   OSBOO   MAGNETIC RESONANCE I MAGING (MRI)   0   90, 212   86, 643   176, 855   312   58. 00	55.00	05500	RADI OLOGY-THERAPEUTI C	0				1, 079	
59, 00   05900   CARDIA C CATHETERI ZATI ON   0   278, 780   312, 520   591, 300   1, 439   59, 00   6000   6000   6000   6000   LABORATORY   0   106, 982   13, 723   120, 705   154   64, 00   64, 00   6400   INTRAVENOUS THERAPY   0   8, 956   416   9, 372   154   64, 00   65, 00   0500   RESPIRATORY THERAPY   0   46, 921   74, 130   121, 051   1, 985   65, 00   66, 00   6600   PMSI CAL THERAPY   0   59, 110   345, 522   404, 632   2, 049   66, 00   6600   PMSI CAL THERAPY   0   15, 058   7, 093   22, 151   524   67, 00   67,		1	l .	0					
60.00   06000   LABORATORY   0   106,982   13,723   120,705   1   60.00				0					
65.00   06500   06500   RESPI RATORY THERAPY   0   46, 921   74, 130   121, 051   1, 986   65.00	60.00	06000	LABORATORY	0	106, 982	13, 723	120, 705		
66.00   06600   PHYSI CAL THERAPY   0   59, 110   345, 522   404, 632   2, 049   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0   15, 058   7, 093   22, 151   524   67. 00   68.00   06800   SPEECH PATHOLOGY   0   25, 152   2, 425   7, 577   179   68. 00   69.00   06900   ELECTROCARDI OLOGY   0   22, 129   121, 265   143, 394   1, 431   69. 00   69.00   07000   ELECTROCARDI OLOGY   0   0   0   0   0   0   71. 00   07000   ELECTROCRECPHALGGRAPHY   0   0   0   0   0   0   0   72. 00   07000   ELECTROCRECPHALGGRAPHY   0   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSI S   0   3,838   313   4,151   0   74. 00   76. 00   03330   ENDOSCOPY   0   0   0   16,375   16,375   158   76. 00   76. 01   03350   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   74,739   572,457   647,196   11,931   76. 01   76. 03   03951   LUTHERWOOD PARTINERSHI P   0   0   459,951   459,951   4,066   76. 03   76. 04   03952   WOUND CARE CENTER   0   339,113   1,404,043   1,754,156   4,978   76. 05   76. 06   03953   IMAGI NG CENTERS   0   139,277   3,137   142,414   295   76. 04   76. 07   03954   BREAST DI AGNOSTI C ENTER   0   350,113   1,404,043   1,754,156   4,978   76. 05   76. 08   70698   APORSHARI C DAYGEN THERAPY   0   50,517   1,125   51,642   107   76. 98   07698   HYPERABRI C DAYGEN THERAPY   0   50,517   1,125   51,642   107   76. 99   000   00000   0   0   0   0   0		1	•	0					
67.00   06700   0CCUPATI ONAL THERAPY   0   15, 058   7, 093   22, 151   524   67.00   68.00   06800   SPECH PATHOLOGY   0   5, 152   2, 425   7, 577   179   69.00   06900   ELECTROCARDI OLOGY   0   0   22, 129   121, 265   143, 394   1, 431   69.00   07000   O7000   ELECTROENCEPHALOGRAPHY   0   0   0   0   0   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74.00   07400   ELECTROENCEPHALOGRAPHY   0   0   0   0   0   75.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   76.01   03330   ENDOSCOPY   0   0   3,838   313   4,151   0   74.00   76.01   03350   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   74,739   572,457   647,196   111,931   76.01   76.03   03951   LUTHERWOOD PARTNERSHI P   0   0   0   459,951   459,951   459,951   40,066   76.03   76.04   03952   WOUND CARE CENTER   0   139,277   3,137   142,414   295   76.04   76.05   03480   0NCOLOGY-CANCER CARE CENTER   0   350,113   1,404,043   1,754,156   4,978   76.05   76.07   03954   BREAST DI AGNOSTI C CENTER   0   45,089   0   45,089   0   76.07   76.09   07697   CARDI AC REHABLI LITATION   0   30,305   52,153   182,458   339   76.09   76.09   07698   HYPERBARI C OXYGEN THERAPY   0   50,517   1,125   51,642   107   76.99   70.09   00000   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   70.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   70.02   04951   HEALTHY HE				0					
69.00   06900   ELECTROCARDIOLOGY   0   22, 129   121, 265   143, 394   1, 431   69.00   70.00   0   0   0   0   0   0   0   0   0	67. 00	1	•	0	15, 058	7, 093	22, 151	524	67. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   0   0   70,201   70,201   365   70. 00   71. 00   7100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   72. 00   73. 00   07200   MPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   72. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   73. 00   74.				0					
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   72.00				0					
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   73. 00   74. 00   07400   RENAL DI ALYSIS   0   3,838   313   4,151   0   74. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   74,739   572,457   647,196   11,931   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   74,739   572,457   647,196   11,931   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   0   459,951   459,951   4,066   76. 03   76. 04   03952   WOUND CARE CENTER   0   139,277   3,137   142,414   295   76. 04   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   350,113   1,404,043   1,754,156   4,978   76. 05   76. 06   03953   IMAGI NG CENTERS   0   1,954   509,072   511,026   1,346   76. 06   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   45,089   0   45,089   0   76. 07   76. 97   07697   CARDI AC REHABI LI TATI ON   0   130,305   52,153   182,458   339   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   50,517   1,125   51,642   107   76. 98   0UTPATI ENT SERVI CE COST CENTER   0   0   0   0   0   0   90. 00   09000   CLI NI C   0   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0   67,962   57,901   125,863   1,023   90. 02   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   90. 03   09001   CLI NI C   0   0   0   0   0   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   90. 05   04954   INFUSI ON CENTERS   0   0   0   0   0   90. 06   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 07   09003   MEDICHECK CLI NI CS   0   0   0   0   90. 08   09004   DEDETIC CENTERS   0   0   0   0   0   90. 09   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 00   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 01   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 02   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 03   09003   MEDICHECK CLI NI CS   0   0   0   0   90. 04   09002   MEDICHECK CLI NI CS   0   0   0   0   90. 05   09003   MEDICHECK CLI NI CS   0   0   0   0   90. 07   09003   MEDICHECK CLI NI CS   0   0   0   0   90. 07   09003   MEDICHECK CLI	71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0		71. 00
74. 00 07400 RENAL DI ALYSI S 0 3,838 313 4,151 0 74. 00 76. 00 0330 ENDOSCOPY 0 0 0 16,375 16,375 158 76. 00 76. 01 03550 PSYCHI ATRI CZPSYCHOLOGI CAL SERVI CES 0 74,739 572, 457 647, 196 11, 931 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 0 459,951 459,951 4,066 76. 03 76. 04 03952 WOUND CARE CENTER 0 139,277 3, 137 142, 414 295 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 350,113 1,404,043 1,754,156 4,978 76. 05 76. 06 03953 I MAGI NG CENTERS 0 1,954 509,072 511,026 1,346 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 45,089 0 45,089 0 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON 0 130,305 52,153 182,458 339 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50,517 1,125 51,642 107 76. 98 0000 RURAL HEALTH CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	0	0	0		
76. 00         03330         ENDOSCOPY         0         16, 375         16, 375         158         76. 00           76. 01         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0         74, 739         572, 457         647, 196         11, 931         76. 01           76. 03         03951         LUTHERWOOD PARTNERSHI P         0         0         459, 951         459, 951         4, 066         76. 03           76. 04         03952         WOUND CARE CENTER         0         139, 277         3, 137         142, 414         295         76. 04           76. 05         03480         ONCOLOGY-CANCER CARE CENTER         0         350, 113         1, 404, 043         1, 754, 156         4, 978         76. 05           76. 07         03953         I MAGI NG CENTERS         0         1, 954         509, 072         511, 026         1, 346         76. 06           76. 97         07697         CARDI AC REHABI LI TATI ON         0         130, 305         52, 153         182, 458         339         76. 97           76. 98         07698         HYPERBARI C OXYGEN THERAPY         0         50, 517         1, 125         51, 642         107         76. 98           00         0         0				0	_		4, 151		
76. 03  03951 LUTHERWOOD PARTNERSHIP		03330	ENDOSCOPY	0	0				
76. 04 03952 WOUND CARE CENTER 0 139, 277 3, 137 142, 414 295 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 350, 113 1, 404, 043 1, 754, 156 4, 978 76. 05 76. 06 03953 I MAGI NG CENTERS 0 1, 954 509, 072 511, 026 1, 346 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 45, 089 0 45, 089 0 76. 07 76. 07 07697 CARDI AC REHABI LI TATI ON 0 130, 305 52, 153 182, 458 339 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 50, 517 1, 125 51, 642 107 76. 98 076. 90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	•	0					
76. 05		1	•	0	_				
76. 07		1	l e e e e e e e e e e e e e e e e e e e	0					
76. 97   07697   CARDI AC REHABI LI TATI ON   0   130, 305   52, 153   182, 458   339   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   50, 517   1, 125   51, 642   107   76. 98   000   0				0					
76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   50, 517   1, 125   51, 642   107   76. 98				0					
88. 00   08800   RURAL HEALTH CLINIC   0   0   0   0   0   88. 00   89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   90. 00   09000   CLINIC   0   0   0   0   0   0   90. 01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   90. 02   04951   HEALTHY HEARTS CENTER   0   67, 962   57, 901   125, 863   1, 023   90. 02   90. 03   09001   CLINIC   0   0   0   0   0   0   0   90. 04   04953   SPINE CENTER   0   0   0   0   0   0   90. 05   04954   INFUSION CENTERS   0   0   60, 818   60, 818   222   90. 05   90. 06   09002   MEDCHECK CLINICS   0   0   0   0   0   90. 07   09003   KNEE CENTER   0   232, 567   36, 328   268, 895   850   90. 07		1	l .	0					
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   0   90. 00   90.							ما		
90. 00   09000   CLINI C   0   0   0   0   0   0   90. 00   90. 00   90. 01				0	0 0	0	0  0		
90. 02   04951   HEALTHY HEARTS CENTER   0   67, 962   57, 901   125, 863   1, 023   90. 02   90. 03   09001   CLI NI C   0   0   0   0   0   0   90. 03   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   0   0   90. 04   90. 05   04954   INFUSI ON CENTERS   0   0   0   0   0   0   0   90. 05   90. 07   09003   KNEE CENTER   0   232, 567   36, 328   268, 895   850   90. 07   0	90.00	09000	CLI NI C	O	Ö	O	o	0	90. 00
90. 03         09001 CLINIC         0         0         0         0         0         90. 03           90. 04 04953 SPI NE CENTER         0         0         0         0         0         0         90. 04           90. 05 04954 INFUSION CENTERS         0         0         0         60, 818         60, 818         222         90. 05           90. 06 09002 MEDCHECK CLINICS         0         0         0         0         0         90. 06           90. 07 09003 KNEE CENTER         0         232, 567         36, 328         268, 895         850         90. 07				0	0 47 040	0 E7 001	125 0/3		
90. 04         04953         SPI NE CENTER         0         0         0         0         0         90. 04           90. 05         04954         I NFUSI ON CENTERS         0         0         0         60, 818         222         90. 05           90. 06         09002         MEDCHECK CLINICS         0         0         0         0         0         90. 06           90. 07         09003         KNEE CENTER         0         232, 567         36, 328         268, 895         850         90. 07		1	ł .	0	67, 962 0	5 /, 901 0			
90. 06   09002   MEDCHECK CLINICS   0 0 0 0 0 90. 06 90. 07   09003   KNEE CENTER   0 232, 567   36, 328   268, 895   850   90. 07				0	Ö	Ö	ő		
90. 07   09003   KNEE CENTER   0   232, 567   36, 328   268, 895   850   90. 07				0	0	60, 818	60, 818		
				0	232. 567	36. 328	0  268. 895		
				0		1	0		

ALLOCATION OF CAPITAL RELATED COSTS	Provi der	CCN: 15-0074	Peri od:	Worksheet B	
			From 01/01/2016	Part II	
			To 12/31/2016	Date/Time Pre	pared:
				2/27/2017 9:4	4 am
	CADLTAL	DELATED COSTS			

			To	12/31/2016	Date/Time Prep 2/27/2017 9:44	
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Related Costs					
00 40 0000 / WORK OLTE OLLEW OO	0	1.00	2. 00	2A	4. 00	00.10
90. 10 09006 WORK SITE CLINICS	0	0	0	0	0	700
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	(02.244	50.244	742 710	5 (50	90. 12
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	U	693, 344	50, 366	743, 710	5, 659	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS				······································		92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	O	0	98. 00
SPECIAL PURPOSE COST CENTERS	٩	0	<u> </u>	<u> </u>		70.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12, 739, 631	9, 930, 798	22, 670, 429	92, 694	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
191. 00 19100 RESEARCH	0	10, 892	683	11, 575	222	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	98, 843	98, 843	73	192. 00
194.00 07950 HOME OFFICE	0	559, 910	0	559, 910		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 03 07953 SCH00L BASED CLINICS	0	0	0	0		194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	0	0		194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	0	293, 124	293, 124		194. 05
194. 07 07957 LI FECHECK	0	0	8, 562	8, 562		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	42, 554	42, 554		194. 08
194. 09 07959 SURGERY CENTER EAST	0	O	0	0		194. 09
200.00 Cross Foot Adjustments		0	0	0		200. 00
201.00   Negative Cost Centers 202.00   TOTAL (sum lines 118-201)		13, 310, 433	10, 374, 564	23, 684, 997	95, 033	201. 00
ZUZ. UU   TUTAL (SUIII TITIES TTO-ZUT)	١	13, 310, 433	10, 374, 564	23, 004, 997	90, 033	1202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

<u> </u>						2/27/2017 9: 4	4 am
Cost C	Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT 7.00	LINEN SERVICE	9. 00	10.00	
CENEDAL SEDI	/ICE COST CENTERS	5. 00	7. 00	8.00	9.00	10.00	
	L COSTS-BLDG & FLXT						1. 00
	L COSTS BEDG & FIXT						2. 00
	EE BENEFITS DEPARTMENT						4. 00
	STRATIVE & GENERAL	4, 098, 493					5. 00
	TION OF PLANT	172, 601	2, 668, 857	,			7. 00
	RY & LINEN SERVICE	7, 187	732				8. 00
9. 00 00900 HOUSEK		65, 672	57, 401		348, 826		9. 00
10. 00 01000 DI ETAR		14, 376	36, 754		4, 911	202, 733	10. 00
11. 00 01100 CAFETE		48, 394	121, 690		16, 259	0	11. 00
	IG ADMINISTRATION	76, 228	31, 546		4, 215	0	13. 00
	AL SERVICES & SUPPLY	19, 854	49, 623		6, 630	0	14. 00
15. 00 01500 PHARMA		85, 811	12, 177		1, 627	Ö	15. 00
	AL RECORDS & LIBRARY	61, 500	17, 709		2, 366	0	16. 00
17. 00 01700 SOCIAL		48, 280	2, 111		282	0	17. 00
	GENERAL SERVICE	0	2,	o o	0	0	18. 00
	SICIAN ANESTHETISTS	0	Č	o o	0	0	19. 00
1 1	RVICES-SALARY & FRINGES APPRVD	50, 651	Č	o o	0	0	21. 00
1 1	RVICES-OTHER PRGM COSTS APPRVD	84, 005	13, 164	. 0	1, 759	0	22. 00
	RAINING-ALLIED HEALTH	5, 615	31, 300		4, 182	0	23. 00
	OGY SCHOOL-ALLIED HEALTH	0,0.0	0.7000		0	0	23. 01
	CY RESIDENCY-ALLIED HEALTH	5, 282	2, 042		273	0	23. 02
	CY RESIDNECY-BTH ALLIED HEALTH	743	_, _, _		0	0	23. 03
	OUTINE SERVICE COST CENTERS				-1		
30. 00 03000 ADULTS	& PEDIATRICS	568, 545	701, 642	4, 743	93, 748	167, 019	30. 00
31. 00 03100 I NTENS	SIVE CARE UNIT	99, 968	106, 369	744	14, 212	18, 053	31. 00
32. 00 03200 CORONA	ARY CARE UNIT	58, 550	81, 087	844	10, 834	17, 661	32.00
43. 00 04300 NURSER	RY	44, 593	69, 870	414	9, 336	0	43.00
ANCI LLARY SE	RVICE COST CENTERS						
50. 00 05000 OPERAT	ING ROOM	172, 117	262, 958	383	35, 135	0	50. 00
51. 00 05100 RECOVE	RY ROOM	20, 470	44, 660	0	5, 967	0	51.00
52. 00 05200 DELI VE	RY ROOM & LABOR ROOM	26, 191	27, 607	163	3, 689	0	52.00
54. 00 05400 RADI OL	OGY-DI AGNOSTI C	71, 350	154, 851	207	20, 690	0	54.00
55. 00 05500 RADI OL	OGY-THERAPEUTI C	40, 779	38, 324	88	5, 121	0	55. 00
57.00 05700 CT SCA	NN .	31, 342	17, 540	425	2, 344	0	57.00
58. 00 05800 MAGNET	IC RESONANCE IMAGING (MRI)	13, 439	23, 736	108	3, 171	0	58. 00
59. 00 05900 CARDI A	C CATHETERI ZATI ON	54, 015	73, 350	171	9, 800	0	59. 00
60. 00 06000 LABORA	TORY	86, 800	28, 148	0	3, 761	0	60.00
64. 00 06400 I NTRAV	'ENOUS THERAPY	5, 120	2, 356	0	315	0	64.00
65. 00 06500 RESPIR	RATORY THERAPY	68, 282	12, 345	0	1, 650	0	65.00
66. 00 06600 PHYSI 0	CAL THERAPY	73, 950	15, 552	2 0	2, 078	0	66. 00
67. 00 06700 OCCUPA	TI ONAL THERAPY	17, 607	3, 962	2 0	529	0	67.00
68. 00 06800 SPEECH	I PATHOLOGY	6, 019	1, 356	0	181	0	68. 00
69. 00 06900 ELECTR	ROCARDI OLOGY	45, 428	5, 822	2 0	778	0	69. 00
70. 00 07000 ELECTR	ROENCEPHALOGRAPHY	13, 714	C	37	0	0	70.00
71. 00 07100 MEDI CA	L SUPPLIES CHARGED TO PATIENTS	115, 271	C	0	0	0	71.00
72.00 07200 I MPL.	DEV. CHARGED TO PATIENTS	170, 956	C	0	0	0	72.00
73. 00 07300 DRUGS	CHARGED TO PATIENTS	562, 148	C		0	0	73.00
74. 00 07400 RENAL	DIALYSIS	9, 278	1, 010	0	135	0	74.00
76.00 03330 ENDOSC	COPY	5, 462	C	37	0	0	76. 00
76. 01 03550 PSYCHI	ATRI C/PSYCHOLOGI CAL SERVI CES	116, 387	19, 665	0	2, 627	0	76. 01
76. 03   03951   LUTHER	WOOD PARTNERSHIP	20, 714	C	0	0	0	76. 03
76. 04   03952   WOUND	CARE CENTER	22, 815	36, 645	198	4, 896	0	76. 04
76. 05   03480   ONCOLO	GY-CANCER CARE CENTER	322, 213	92, 118	178	12, 308	0	76. 05
76.06 03953 I MAGI N	IG CENTERS	65, 058	514	0	69	0	76. 06
	DIAGNOSTIC CENTER	10, 976	11, 863	0	1, 585	0	76. 07
	C REHABILITATION	11, 942	34, 284	0	4, 581	0	76. 97
	BARIC OXYGEN THERAPY	7, 609	13, 292	2 0	1, 776	0	76. 98
	SERVICE COST CENTERS						
	HEALTH CLINIC	0	C	0	0	0	88. 00
89. 00   08900   FEDERA	LLY QUALIFIED HEALTH CENTER	0	C	0	0	0	89. 00
90. 00 09000 CLI NI C		0	C	0	0	0	90.00
90. 01   04950 DI ABET	TIC CARE CENTER	0	C	0	0	0	90. 01
90. 02   04951   HEALTH	IY HEARTS CENTER	36, 802	17, 881	28	2, 389	0	90. 02
90. 03 09001 CLI NI C		0	C	0	0	0	90. 03
90. 04 04953 SPI NE		0	C	0	0	0	90. 04
90. 05   04954   I NFUSI	ON CENTERS	8, 013	C	0	0	0	90. 05
90. 06 09002 MEDCHE	CK CLINICS	0	C	0	o	0	90. 06
90. 07 09003 KNEE 0	ENTER	42, 380	61, 191	0	8, 176	0	90. 07
90. 08   09004   PALLI A	ATIVE CARE	186	C	0	O	0	90. 08
90. 10 09006 WORK S	SITE CLINICS	0	C	0	o	0	90. 10
	PRACTICE AND MATERNITY CARE	0	C	0	0	0	90. 12
91.00 09100 EMERGE		218, 566	182, 426	1, 929	24, 374	0	91. 00
92. 00   09200   0BSERV	'ATION BEDS (NON-DISTINCT PART)			<u> </u>			92. 00

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118-201)

0 201. 00

202, 733 202. 00

348, 826

10, 741

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part II 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY & GENERAL PLANT LINEN SERVICE 5.00 9. 00 7.00 8.00 10.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS 118.00 4, 011, 254 2, 518, 673 10, 741 328, 759 202, 733 118. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 0 191. 00 19100 RESEARCH 7, 336 2,866 0 383 0 191. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 7, 132 0 0 192.00 194.00 07950 HOME OFFICE 0 0 194, 00 147, 318 19, 684 0 0 194. 01 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 194. 03 07953 SCHOOL BASED CLINICS 399 0 0 0 0 194. 03 194. 04 07954 SMO-NON PROVIDER BASED 9, 753 0 0 194. 04 0 0 194. 05 07955 FAMILY PRACTICE MEDICINE 42, 015 0 194. 05 0 0 194. 07 07957 LI FECHECK 5, 169 0 0 0 0 194. 07 0 194. 08 07958 GROUP HOMES AND MISC. N\_R CTRS 15, 435 0 0 0 194. 08 ō 194. 09 07959 SURGERY CENTER EAST 0 194. 09 0 200.00 Cross Foot Adjustments 200. 00

4, 098, 493

2, 668, 857

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

			10	12/31/2010	Date/lime Pre 2/27/2017 9:4	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	· ciii
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
2. 00   00200   CAP REL COSTS-MVBLE EQUI P						2. 00
4.00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00   00500 ADMINISTRATIVE & GENERAL						5. 00
7.00   00700   0PERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000 DI ETARY						10. 00
11. 00   01100   CAFETERI A	671, 095					11. 00
13. 00 01300 NURSING ADMINISTRATION	15, 586	256, 090				13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	1, 336	0	786, 330			14. 00
15. 00   01500   PHARMACY	23, 602	0	1, 861	458, 706		15. 00
16. 00   01600   MEDI CAL   RECORDS & LI BRARY	6, 680	0	82	0	156, 280	16.00
17. 00   01700   SOCIAL SERVICE	14, 696	0	161	0	0	17. 00
18. 00   01850   0THER GENERAL SERVICE 19. 00   01900   NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	18. 00 19. 00
21. 00   02100   1 &R SERVI CES-SALARY & FRINGES APPRVD	22, 711	0	0	0	0	21. 00
22. 00   02200   &R SERVI CES-OTHER PRGM COSTS APPRVD	12, 914	o	1, 407	0	0	22. 00
23. 00   02300 EMS TRAINING-ALLIED HEALTH	. 0	0	0	0	0	23. 00
23. 01   02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	0	0	0	0	23. 01
23. 02   02302   PHARMACY RESI DENCY-ALLI ED HEALTH	1, 781	0	0	0	0	23. 02
23. 03 O2303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	445	0	0	0	0	23. 03
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	477.000	404 (40	07.05/		44.400	
30. 00   03000   ADULTS & PEDI ATRI CS	177, 238	134, 640 22, 328	27, 856	0	11, 128	30. 00 31. 00
31.00   03100   INTENSIVE CARE UNIT 32.00   03200   CORONARY CARE UNIT	29, 391 20, 485	22, 328 15, 562	4, 020 3, 438	0	2, 106 1, 412	31.00
43. 00   04300   NURSERY	13, 360	10, 149	2, 119	0	1, 412	43. 00
ANCI LLARY SERVI CE COST CENTERS	13, 300	10, 147	2, 117	<u> </u>	1, 107	43.00
50. 00 05000 OPERATING ROOM	31, 172	23, 681	88, 569	0	9, 243	50. 00
51. 00 05100 RECOVERY ROOM	5, 344	0	1, 242	0	1, 125	51.00
52.00 O5200 DELIVERY ROOM & LABOR ROOM	5, 344	4, 060	1, 560	0	470	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	21, 821	0	7, 053	0	4, 316	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	12, 024	0	4, 060	0	1, 241	55. 00
57. 00   05700   CT   SCAN	5, 789	0	989	0	5, 801	57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI) 59.00   05900   CARDIAC CATHETERIZATION	3, 117 13, 805	0	397 6, 199	0	1, 426 11, 293	58. 00 59. 00
60. 00   06000   LABORATORY	13, 603	0	35, 444	0	10, 906	60.00
64. 00   06400   NTRAVENOUS THERAPY	1, 781	0	713	0	89	64. 00
65. 00 06500 RESPIRATORY THERAPY	20, 930	0	8, 872	0	2, 158	65. 00
66. 00 06600 PHYSI CAL THERAPY	8, 906	0	2, 075	0	1, 784	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	5, 344	0	470	0	456	67. 00
68. 00 06800 SPEECH PATHOLOGY	1, 781	0	161	0	158	68. 00
69. 00 06900 ELECTROCARDI OLOGY	18, 703	0	3, 778	0	3, 448	69. 00
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4, 008	0	1, 566	0	526	70.00
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS	0	0	209, 275 310, 393	0	5, 269 4, 878	71. 00 72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	458, 706	39, 757	
74. 00   07400   RENAL DI ALYSI S	0	Ö	774	0	266	74. 00
76. 00 03330 ENDOSCOPY	1, 336	0	0	0	306	76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	21, 375	0	4, 846	0	696	76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	0	0	4, 959	0	52	76. 03
76. 04 03952 WOUND CARE CENTER	4, 008	0	4, 640	0	810	76. 04
76. 05   03480   ONCOLOGY-CANCER CARE CENTER	48, 985	0	4, 905	0	13, 105	76. 05
76. 06   03953   IMAGING CENTERS 76. 07   03954   BREAST DIAGNOSTIC CENTER	1, 781 0	0	11, 104 96	0	3, 341	76. 06 76. 07
76. 97   03934 BREAST DIAGNOSTIC CENTER 76. 97   07697 CARDI AC REHABI LI TATI ON	5, 344	0	542	0	245 267	76. 07 76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1, 336	0	344	0	329	76. 98
OUTPATIENT SERVICE COST CENTERS	1,000	<u> </u>	011	<u> </u>	027	70. 70
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00   09000   CLI NI C	0	0	0	0	0	90. 00
90. 01 04950 DI ABETI C CARE CENTER	0	0	0	0	0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	11, 578	0	2, 436	0	342	90. 02
90. 03   09001   CLI NI C	0	0	0	0	0	90. 03
90. 04   04953   SPI NE CENTER 90. 05   04954   I NFUSI ON CENTERS	0	0	610	0	0 207	90. 04 90. 05
90. 06   09002   MEDCHECK   CLINICS	0	0	010	0	0	90.05
90. 07   09003   KNEE CENTER	12, 914	ol	1, 056	0	414	90.00
90. 08   09004   PALLI ATI VE   CARE	0	ő	0	0	0	90. 08
90. 10 09006 WORK SITE CLINICS	0	O	0	0	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	О	0	0	0	90. 12
91. 00   09100   EMERGENCY	60, 118	45, 670	23, 065	0	15, 721	91. 00

202.00

TOTAL (sum lines 118-201)

156, 280 202. 00

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part II Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & RECORDS & SUPPLY LI BRARY 11.00 13.00 15.00 14.00 16.00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 92.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 98.00 0 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 668, 869 256, 090 783, 137 458, 706 118.00 156, 280 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH 0 0 0 190. 00 1, 781 25 0 191.00 0 0 192. 00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 109 0 0 0 0 0 0 0 194.00 07950 HOME OFFICE 0 0 0 0 194. 00 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 0 194. 01 0 0 0 9 0 194. 03 194. 03 07953 SCHOOL BASED CLINICS 194. 04 07954 SMO-NON PROVIDER BASED 0 0 0 194. 04 194. 05 07955 FAMILY PRACTICE MEDICINE 0 2, 157 0 194. 05 0 194. 07 194. 07 07957 LI FECHECK 0 36 445 194. 08 07958 GROUP HOMES AND MISC. N\_R CTRS 0 194. 08 0 0 854 194. 09 07959 SURGERY CENTER EAST 0 0 194. 09 0 200.00 200.00 Cross Foot Adjustments Negative Cost Centers 201.00 0 201. 00

671, 095

256, 090

786, 330

458, 706

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2016 | Part II | Date/Time Prepared: | 2/27/2017 9: 44 am |

					2/27/2017 9:4	4 am
		OTHER GENERAL		INTERNS &	RESI DENTS	
Cost Center Description	COCLAL SERVICE	SERVI CE	NONDLIVET CLAN	CEDVI CEC CALAD	CEDVI CEC OTHER	
Cost Center Description	SOCI AL SERVI CE		ANESTHETI STS	SERVICES-SALAR Y & FRINGES	PRGM COSTS	
	17. 00	18. 00	19. 00	21. 00	22. 00	
GENERAL SERVICE COST CENTERS	17.00	10.00	17.00	21.00	22.00	
1. 00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL						5. 00
7.00 00700 OPERATION OF PLANT						7. 00
8.00   00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00  01000 DI ETARY						10.00
11. 00   01100   CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00 01500 PHARMACY						15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY						16. 00
17.00  01700 SOCIAL SERVICE	75, 446					17. 00
18.00   01850   OTHER GENERAL SERVICE	0	0				18. 00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	C			19. 00
21.00   02100   I &R SERVICES-SALARY & FRINGES APPRVD	0	0		75, 216		21. 00
22.00   02200   1 &R SERVICES-OTHER PRGM COSTS APPRVD	0	0			179, 442	22. 00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0				23. 00
23. 01  02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0				23. 01
23. 02   02302   PHARMACY RESI DENCY-ALLI ED HEALTH	0	0				23. 02
23. 03 O2303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0				23. 03
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	58, 883	0				30. 00
31.00   03100   I NTENSI VE CARE UNI T	6, 433	0				31. 00
32. 00  03200 CORONARY CARE UNIT	6, 294	0				32. 00
43. 00 04300 NURSERY	3, 836	0				43. 00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0				50. 00
51.00  05100   RECOVERY ROOM	0	0				51.00
52.00  05200   DELIVERY ROOM & LABOR ROOM	0	0				52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0				54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	0				55. 00
57. 00  05700   CT   SCAN	0	0				57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0	0				58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	0				59. 00
60. 00   06000   LABORATORY	0	0				60. 00
64. 00   06400   I NTRAVENOUS THERAPY	0	0				64. 00
65. 00 06500 RESPIRATORY THERAPY	0	0				65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0				66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0				68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73. 00
74. 00   07400   RENAL DI ALYSI S	0	0				74. 00
76. 00   03330   ENDOSCOPY	0	0				76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	0	0				76. 03
76. 04 03952 WOUND CARE CENTER	0	0				76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0	0				76. 05
76. 06   03953   I MAGI NG CENTERS	0	0				76.06
76. 07 03954 BREAST DI AGNOSTI C CENTER	0	0				76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0				76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY	0	0				76. 98
OUTPATIENT SERVICE COST CENTERS	1 ~	0				00.00
88. 00   08800   RURAL HEALTH CLINIC	0	0				88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89. 00
90. 00   09000   CLI NI C		0				90.00
90. 01 04950 DI ABETI C CARE CENTER	0	0				90. 01
90. 02   04951   HEALTHY HEARTS CENTER		0				90. 02
90. 03   09001   CLI NI C		0				90. 03
90. 04   04953   SPI NE CENTER		0				90.04
90. 05   04954   INFUSION CENTERS		0				90.05
90. 06   09002   MEDCHECK CLINICS		0				90.06
90. 07   09003   KNEE CENTER		0				90.07
90. 08   09004   PALLIATIVE CARE 90. 10   09006   WORK SITE CLINICS	0	0				90. 08 90. 10
	0	0				
90. 12  04961 FAMILY PRACTICE AND MATERNITY CARE	١	U	1			90. 12

| Peri od: | Worksheet B | From 01/01/2016 | Part | I | To | 12/31/2016 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

			'	0 12/31/2010	2/27/2017 9: 44	
		OTHER GENERAL		INTERNS &	RESI DENTS	
		SERVI CE				
Cost Center Description	SOCIAL SERVICE				SERVI CES-OTHER	
			ANESTHETI STS	Y & FRINGES	PRGM COSTS	
	17. 00	18. 00	19. 00	21. 00	22. 00	
91. 00   09100   EMERGENCY	0	0				91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0				98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	75, 446	0	C	0	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190. 00
191. 00 19100 RESEARCH	0	0				191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192. 00
194.00 07950 HOME OFFICE	0	0				194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0				194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0				194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	0				194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0				194. 05
194. 07 07957 LI FECHECK	0	0				194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0				194. 08
194.09 07959 SURGERY CENTER EAST	0	0				194. 09
200.00 Cross Foot Adjustments			C	75, 216		
201.00 Negative Cost Centers	0	0	C	0		201. 00
202.00 TOTAL (sum lines 118-201)	75, 446	0	C	75, 216	179, 442	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2016 Part II
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

				'	0 12/31/2016	2/27/2017 9:4	
	Cost Center Description	EMS	RADI OLOGY	PHARMACY	PHARMACY	Subtotal	
					RESI DNECY-BTH		
		D HEALTH	HEALTH	ED HEALTH	ALLI ED HEALTH	04.00	
	GENERAL SERVICE COST CENTERS	23. 00	23. 01	23. 02	23. 03	24. 00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION						13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15.00	01500 PHARMACY						15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY						16. 00
17.00	01700 SOCIAL SERVICE						17. 00
	01850 OTHER GENERAL SERVICE						18. 00
	01900 NONPHYSICIAN ANESTHETISTS						19. 00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD						21. 00
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD						22. 00
	02300 EMS TRAINING-ALLIED HEALTH	176, 156	l e				23. 00
	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH		0				23. 01
	02302 PHARMACY RESIDENCY-ALLIED HEALTH			17, 244			23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH				1, 215		23. 03
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS  03000 ADULTS & PEDIATRICS					1 022 270	20.00
31. 00	03100 INTENSIVE CARE UNIT					4, 823, 278 750, 374	30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT					534, 187	32.00
	04300 NURSERY					443, 634	1
43.00	ANCI LLARY SERVI CE COST CENTERS					445, 054	13.00
50. 00	05000 OPERATING ROOM					2, 264, 575	50.00
51. 00	05100 RECOVERY ROOM					250, 221	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM					183, 452	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C					1, 049, 390	1
55. 00	05500 RADI OLOGY-THERAPEUTI C					349, 834	1
57.00	05700 CT SCAN					221, 536	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)					222, 561	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON					761, 372	59. 00
60.00	06000 LABORATORY					285, 765	60.00
64.00	06400 INTRAVENOUS THERAPY					19, 900	64. 00
65.00	06500 RESPI RATORY THERAPY					237, 273	65. 00
66.00	06600 PHYSI CAL THERAPY					511, 026	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY					51, 043	67. 00
68. 00	06800 SPEECH PATHOLOGY					17, 412	
69. 00	06900 ELECTROCARDI OLOGY					222, 782	ı
70.00	07000 ELECTROENCEPHALOGRAPHY					90, 417	70.00
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS					329, 815	1
72. 00	07200 NPL. DEV. CHARGED TO PATIENTS					486, 227	
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS					1, 060, 611	1
	03330 ENDOSCOPY					15, 614 23, 674	74. 00 76. 00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES					824, 723	1
	03951 LUTHERWOOD PARTNERSHIP			•		489, 742	1
	03952 WOUND CARE CENTER					216, 721	
	03480 ONCOLOGY-CANCER CARE CENTER					2, 252, 946	
	03953 I MAGI NG CENTERS	1				594, 239	1
	03954 BREAST DIAGNOSTIC CENTER					69, 854	1
	07697 CARDI AC REHABI LI TATI ON	1				239, 757	
	07698 HYPERBARI C OXYGEN THERAPY					76, 435	1
	OUTPATIENT SERVICE COST CENTERS					·	
88. 00	08800 RURAL HEALTH CLINIC					0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89. 00
90.00	09000 CLI NI C					0	90. 00
	04950 DIABETIC CARE CENTER					0	90. 01
	04951 HEALTHY HEARTS CENTER					198, 342	1
	09001 CLI NI C					0	90. 03
	04953 SPI NE CENTER	1				0	
	04954 I NFUSI ON CENTERS					69, 870	ı
	09002 MEDCHECK CLINICS	1				205.07(	
	09003 KNEE CENTER	1				395, 876	ı
	09004 PALLI ATI VE CARE	1				192	1
	09006 WORK SITE CLINICS	1				0	90. 10 90. 12
90. 12 91. 00	04961 FAMILY PRACTICE AND MATERNITY CARE 09100 EMERGENCY	1				1, 321, 238	1
71.00	197100 EMERGENOT	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1, 321, 230	1 /1.00

202.00

TOTAL (sum lines 118-201)

ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 15-0074 Peri od: Worksheet B From 01/01/2016 Part II 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description EMS RADI OLOGY PHARMACY PHARMACY Subtotal TRAI NI NG-ALLI E SCHOOL-ALLI ED RESI DENCY-ALLI RESI DNECY-BTH HEALTH ALLI ED HEALTH D HEALTH ED HEALTH 24.00 23. 00 23.01 23. 02 23. 03 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 92.00 98.00 09850 OTHER REIMBURSABLE COST CENTERS 98.00 0 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 0 0 0 21<u>,</u> 955, 908 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH 0 190. 00 24, 188 191. 00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 106, 157 192. 00 194.00 07950 HOME OFFICE 726, 912 194. 00 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 194. 01 422 194. 03 194. 03 07953 SCHOOL BASED CLINICS 194. 04 07954 SMO-NON PROVIDER BASED 10, 053 194. 04 194. 05 07955 FAMILY PRACTICE MEDICINE 338, 434 194. 05 194. 07 07957 LI FECHECK 14, 372 194. 07 194. 08 07958 GROUP HOMES AND MISC. N\_R CTRS 59, 278 194. 08 194. 09 07959 SURGERY CENTER EAST 0 194. 09 200.00 1, 215 449, 273 200. 00 Cross Foot Adjustments 176, 156 17, 244 0 201.00 Negative Cost Centers 201.00

176, 156

17, 244

1, 215

23, 684, 997 202. 00

| Peri od: | Worksheet B | From 01/01/2016 | Part | I | To | 12/31/2016 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

					To 12/31/2016 Date/Time Pre 2/27/2017 9:4	
		Cost Center Description	Intern &	Total	2/2//2017 /. 4	4 diii
			Residents Cost & Post			
			Stepdown			
			Adjustments	27, 00		
	GENER	AL SERVICE COST CENTERS	25. 00	26. 00		
1.00	00100	CAP REL COSTS-BLDG & FIXT				1. 00
2.00		CAP REL COSTS-MVBLE EQUIP				2.00
4. 00 5. 00	1	EMPLOYEE BENEFITS DEPARTMENT   ADMINISTRATIVE & GENERAL				4. 00 5. 00
7. 00	1	OPERATION OF PLANT				7. 00
8.00	1	LAUNDRY & LINEN SERVICE				8. 00
9. 00 10. 00	1	HOUSEKEEPI NG   DI ETARY				9. 00 10. 00
11. 00	1	CAFETERI A				11. 00
13.00	01300	NURSING ADMINISTRATION				13. 00
14.00	1	CENTRAL SERVICES & SUPPLY				14.00
15. 00 16. 00	1	PHARMACY   MEDICAL RECORDS & LIBRARY				15. 00 16. 00
17. 00	1	SOCIAL SERVICE				17. 00
18. 00		OTHER GENERAL SERVICE				18. 00
19. 00 21. 00	1	NONPHYSICIAN ANESTHETISTS   I&R SERVICES-SALARY & FRINGES APPRVD				19. 00 21. 00
21.00	1	1 &R SERVICES-SALARY & FRINGES APPRVD				22.00
23. 00	02300	EMS TRAINING-ALLIED HEALTH				23. 00
23. 01	1	RADI OLOGY SCHOOL-ALLI ED HEALTH				23. 01
23. 02 23. 03	1	PHARMACY RESIDENCY-ALLIED HEALTH PHARMACY RESIDNECY-BTH ALLIED HEALTH				23. 02 23. 03
20.00		TENT ROUTINE SERVICE COST CENTERS				20.00
30.00	1	ADULTS & PEDIATRICS	0	4, 823, 278		30. 00
31. 00 32. 00	1	INTENSIVE CARE UNIT   CORONARY CARE UNIT	0	750, 374 534, 187		31. 00 32. 00
43. 00	1	NURSERY		443, 634		43. 00
		LARY SERVICE COST CENTERS				
50. 00 51. 00	1	OPERATING ROOM RECOVERY ROOM	0	2, 264, 575		50. 00 51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM		250, 221 183, 452		52.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	O	1, 049, 390		54. 00
55.00	1	RADI OLOGY-THERAPEUTI C	0	349, 834		55. 00
57. 00 58. 00		CT SCAN MAGNETIC RESONANCE IMAGING (MRI)		221, 536 222, 561		57. 00 58. 00
59. 00	1	CARDI AC CATHETERI ZATI ON	O	761, 372		59. 00
60.00	1	LABORATORY	0	285, 765		60.00
64. 00 65. 00	1	I NTRAVENOUS THERAPY   RESPI RATORY THERAPY	0	19, 900 237, 273		64. 00 65. 00
66. 00	1	PHYSI CAL THERAPY		511, 026		66. 00
67. 00	1	OCCUPATIONAL THERAPY	0	51, 043		67. 00
68.00	1	SPEECH PATHOLOGY	0	17, 412		68. 00
69. 00 70. 00		ELECTROCARDI OLOGY   ELECTROENCEPHALOGRAPHY		222, 782 90, 417		69. 00 70. 00
		MEDICAL SUPPLIES CHARGED TO PATIENTS	o	329, 815		71. 00
72.00		IMPL. DEV. CHARGED TO PATIENTS	0	486, 227		72.00
73. 00 74. 00		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0	1, 060, 611 15, 614		73. 00 74. 00
76. 00		ENDOSCOPY	o	23, 674		76. 00
76. 01	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	824, 723		76. 01
76. 03 76. 04		LUTHERWOOD PARTNERSHIP WOUND CARE CENTER	0	489, 742 216, 721		76. 03 76. 04
		ONCOLOGY-CANCER CARE CENTER		2, 252, 946		76. 05
		I MAGING CENTERS	0	594, 239		76. 06
76. 07 76. 97		BREAST DIAGNOSTIC CENTER CARDIAC REHABILITATION	0	69, 854 239, 757		76. 07 76. 97
		HYPERBARIC OXYGEN THERAPY		76, 435		76. 97
	OUTPA	TIENT SERVICE COST CENTERS	-			
88. 00 89. 00		RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	0	0		88. 00 89. 00
90.00		CLINIC		0		90.00
90. 01	04950	DIABETIC CARE CENTER	0	0		90. 01
90. 02		HEALTHY HEARTS CENTER   CLINIC	0	198, 342		90. 02 90. 03
90. 03 90. 04	1	SPINE CENTER		0		90. 03
90. 05	1	INFUSION CENTERS		69, 870		90. 05
90.06	1	MEDCHECK CLINICS	0	205 074		90.06
90. 07 90. 08		KNEE CENTER PALLIATIVE CARE		395, 876 192		90. 07 90. 08
		WORK SITE CLINICS		0		90. 10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	From 01/01/2016 Part II To 12/31/2016 Date/Time P 2/27/2017 9	
Cost Center Description	Intern &	Total		
	Residents Cost			
	& Post			
	Stepdown			
	Adjustments			
	25. 00	26. 00		
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90. 12
91. 00   09100   EMERGENCY	0	1, 321, 238		91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			92. 00
OTHER REIMBURSABLE COST CENTERS	1 a			
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98. 00
SPECIAL PURPOSE COST CENTERS		21 055 000		110.00
118. 00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	0	21, 955, 908		118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		O		190. 00
191, 00 19100 RESEARCH		24, 188		191. 00
191: 00 19100 RESEARCH		106, 157		192. 00
194. 00 07950  HOME OFFI CE		726, 912		194. 00
194. 01/07951 OCCUPATI ONAL HEALTH ONSI TE SVCS		720, 712		194. 01
194. 03 07953  SCHOOL BASED CLINICS		422		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	10, 053		194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	338, 434		194. 05
194. 07 07957 LI FECHECK	0	14, 372		194. 07
194. 08 07958 GROUP HOMES AND MISC. N R CTRS	0	59, 278		194. 08
194. 09 07959 SURGERY CENTER EAST	0	0		194. 09
200.00 Cross Foot Adjustments		449, 273		200. 00
201.00 Negative Cost Centers		ol		201. 00
202.00   TOTAL (sum lines 118-201)	o	23, 684, 997		202. 00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2016 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am CAPITAL RELATED COSTS Cost Center Description BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Reconciliation ADMINISTRATIVE (SQUARE FEET) (DOLLAR VALUE) BENEFITS & GENERAL DEPARTMENT (ACCUM. COST) (GROSS SALARI ES) 1.00 2.00 5A 5. 00 4.00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 769 894 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 26, 540, 617 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4,813 30, 246 159, 131, 147 4.00 00500 ADMINISTRATIVE & GENERAL 5 00 53 239 9 752 429 -127, 048, 833 521 855 856 5 00 8, 115, 348 7.00 00700 OPERATION OF PLANT 125, 127 847, 980 2, 525, 914 21, 976, 192 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 161 100 915, 044 8.00 00900 HOUSEKEEPI NG 12,619 15, 163 2, 780, 261 0 8, 361, 575 9.00 9.00 01000 DI ETARY 0 10 00 1, 830, 461 10 00 8.080 16, 759 751, 569 11.00 01100 CAFETERI A 26, 752 54, 230 1, 754, 744 0 6, 161, 667 11.00 01300 NURSING ADMINISTRATION 6, 935 17, 986 9, 705, 609 13.00 2, 616, 934 0 13.00 01400 CENTRAL SERVICES & SUPPLY 10, 909 1, 330, 766 2, 527, 840 14.00 130, 042 14.00 10, 925, 787 15.00 01500 PHARMACY 2.677 728, 454 4, 351, 436 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 3,893 292 877, 329 0 0 0 7, 830, 359 16.00 01700 SOCIAL SERVICE 17.00 464 969 2, 537, 335 6, 147, 206 17.00 01850 OTHER GENERAL SERVICE 18.00 0 C C 0 18.00 19 00 01900 NONPHYSICIAN ANESTHETISTS 0 C 0 19 00 0 02100 I &R SERVICES-SALARY & FRINGES APPRVD 3, 105, 665 0 6, 449, 034 21.00 21.00 22.00 02200 & SERVICES-OTHER PRGM COSTS APPRVD 2,894 33, 819 4, 924, 840 10, 695, 821 22.00 0 23.00 02300 EMS TRAINING-ALLIED HEALTH 6,881 40, 297 714, 976 41, 117 23.00 23.01 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH r r 0 23.01 02302 PHARMACY RESIDENCY-ALLIED HEALTH 449 172, 790 0 672, 555 23.02 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 44, 419 94, 607 23.03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 154, 247 495, 475 29, 153, 389 0 72, 410, 100 30.00 03100 INTENSIVE CARE UNIT 31.00 23, 384 100, 851 5, 108, 565 0 12, 728, 291 31.00 32.00 03200 CORONARY CARE UNIT 17.826 20, 651 2, 948, 423 0 7, 454, 808 32.00 43.00 04300 NURSERY 15, 360 56, 208 2, 082, 582 0 5, 677, 805 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 57, 808 1, 634, 429 5, 034, 392 0 21, 914, 517 50.00 05100 RECOVERY ROOM 9,818 0 2, 606, 352 51 00 2, 759 996, 972 51 00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 6,069 22, 208 1, 276, 676 3, 334, 747 52.00 05400 RADI OLOGY-DI AGNOSTI C 2, 944, 748 9, 084, 583 54.00 34,042 457, 423 0 54.00 05500 RADI OLOGY-THERAPEUTI C 259, 561 1, 806, 663 5, 192, 147 55.00 8.425 55.00 3, 856 3, 990, 619 05700 CT SCAN 229, 643 57.00 1, 466, 066 57.00 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 5, 218 221, 654 523, 181 1, 711, 134 58.00 59.00 05900 CARDIAC CATHETERIZATION 16, 125 799, 501 2, 410, 724 0 0 0 6, 877, 326 59.00 06000 LABORATORY 6, 188 35, 107 1, 189 11, 051, 714 60 00 60 00 64.00 06400 INTRAVENOUS THERAPY 518 1, 064 257, 419 651, 840 64.00 65.00 06500 RESPIRATORY THERAPY 2,714 189, 643 3, 324, 924 8, 693, 955 65.00 66.00 06600 PHYSI CAL THERAPY 3, 419 883, 927 3, 431, 535 0 9, 415, 604 66.00 06700 OCCUPATIONAL THERAPY 878 225 2, 241, 782 871 18, 145 67 00 67 00 68.00 06800 SPEECH PATHOLOGY 298 6, 203 300, 244 766, 415 68.00 06900 ELECTROCARDI OLOGY 1, 280 310, 226 2, 397, 187 5, 784, 078 69.00 0 0 0 0 0 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 179, 590 611, 609 1, 746, 153 70.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71 00 0 0 14, 676, 708 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 21, 766, 742 72.00 C 07300 DRUGS CHARGED TO PATIENTS 71, 574, 712 73.00 0 73.00 07400 RENAL DIALYSIS 1, 181, 249 74.00 222 801 74.00 Ω 03330 ENDOSCOPY 76.00 41, 891 264, 476 695, 422 76.00 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 1, 464, 481 19, 984, 208 14, 818, 847 4, 323 76.01 03951 LUTHERWOOD PARTNERSHIP 0 76 03 1, 176, 665 6, 810, 564 2, 637, 403 76.03 0 03952 WOUND CARE CENTER 8.056 493, 461 2, 904, 933 76 04 8,024 76 04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 20, 251 3, 591, 877 8, 337, 827 41, 025, 356 76.05 03953 I MAGING CENTERS 0 8, 283, 377 76.06 113 1, 302, 328 2, 255, 011 76.06 0 03954 BREAST DIAGNOSTIC CENTER 1, 397, 518 76.07 2.608 76.07 568, 611 1, 520, 458 07697 CARDIAC REHABILITATION 76.97 7.537 133, 420 76.97 07698 HYPERBARI C OXYGEN THERAPY 2, 879 179, 330 968, 849 76.98 76.98 2, 922 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 0 0 0 0 0 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 C 0 89 00 09000 CLI NI C 0 90.00 90.00 0 0 04950 DIABETIC CARE CENTER 90. 01 90.01 04951 HEALTHY HEARTS CENTER 1, 713, 080 90.02 3, 931 148, 124 4, 685, 767 90.02 0 90.03 09001 CLI NI C 0 0 90.03 04953 SPINE CENTER 90.04 0 C 0 90.04 90. 05 04954 INFUSION CENTERS 0 155, 588 372, 659 1, 020, 295 90.05 09002 MEDCHECK CLINICS 0 90 06 90 06 Λ 90.07 09003 KNEE CENTER 13, 452 92, 936 1, 423, 682 5, 395, 923 90.07

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0074	Peri od:	Worksheet B-1
			From 01/01/2016	Nata/Time Prenared

COST ALLOCATION - STATISTICAL BASIS		Provider CC		eriod: rom 01/01/2016	Worksheet B-1	
			T		Date/Time Pre	pared:
					2/27/2017 9:4	
	CAPITAL REL	LATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP		Reconciliation		
	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			
	1, 00	2.00	SALARI ES) 4. 00	5A	5. 00	
90. 08   09004   PALLI ATI VE CARE	1.00	2.00	10, 747		23, 648	90. 08
90. 10   09006   WORK SITE CLINICS		0	10, 747	0	23, 046	90.08
	0	0	0	0	, and the second	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	40 104	120,040	0 470 474	0	07,000,710	
91. 00   09100   EMERGENCY	40, 104	128, 848	9, 479, 474	U	27, 828, 618	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS 98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0			0	98. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>	U	0	0	0	98.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	736, 878	25, 405, 359	155, 213, 847	-127, 048, 833	510, 748, 528	110 00
NONREI MBURSABLE COST CENTERS	730, 676	25, 405, 559	155, 215, 647	- 127, 040, 633	310, 740, 320	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	0	190. 00
191. 00 19100 RESEARCH	630	1, 748			933, 986	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	252, 864	·		908, 070	
194. 00 07950 HOME OFFICE	32, 386	0	0	-559, 910		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	02,000	0	0	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS		0	22, 713	0	50, 751	
194. 04 07954 SMO-NON PROVIDER BASED	o	0	497, 886		1, 241, 728	
194. 05 07955 FAMILY PRACTICE MEDICINE	o	749, 880	·		5, 349, 449	
194. 07 07957 LI FECHECK	o	21, 904			658, 144	1
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	o	108, 862			1, 965, 200	
194. 09 07959 SURGERY CENTER EAST	o	0	0	0		194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	13, 310, 433	10, 374, 564	8, 633, 435		127, 048, 833	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	17. 288657	0. 390894	0. 054254		0. 243456	203. 00
204.00 Cost to be allocated (per Wkst. B,			95, 033		4, 098, 493	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0. 000597		0. 007854	205. 00
11)						

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Peri od: Worksheet B-1 From 01/01/2016 To 12/31/2016 Date/Ti me Prepared:

2/27/2017 9:44 am Cost Center Description OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A (SQUARE FEET) (PATIENT DAYS) (MEALS SERVED) PLANT LINEN SERVICE (SQUARE FEET) (POUNDS OF LAUNDRY) 7.00 9.00 10.00 11.00 8.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4 00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00700 OPERATION OF PLANT 7.00 586, 715 7 00 00800 LAUNDRY & LINEN SERVICE 8.00 232, 833 8.00 161 00900 HOUSEKEEPI NG 9.00 12.619 573, 935 9.00 10.00 01000 DI ETARY 8,080 8,080 71, 319 10.00 11.00 01100 CAFETERI A 26, 752 26, 752 1,507 11.00 01300 NURSING ADMINISTRATION 6, 935 6, 935 13.00 0 35 13.00 550 14.00 01400 CENTRAL SERVICES & SUPPLY 10,909 419 10, 909 0 3 14.00 15.00 01500 PHARMACY 2,677 2,677 0 0 0 0 0 0 53 15.00 01600 MEDICAL RECORDS & LIBRARY 3, 893 15 16.00 3.893 0 16.00 01700 SOCIAL SERVICE 33 17.00 464 C 464 17.00 18.00 01850 OTHER GENERAL SERVICE 0 18.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 0 0 0 19.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21 00 0 Ω 51 21 00 0 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 2,894 0 2,894 29 22.00 02300 EMS TRAINING-ALLIED HEALTH 6,881 0 6,881 0 0 23.00 23.00 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 0 23.01 0 23.01 02302 PHARMACY RESIDENCY-ALLIED HEALTH ol 23 02 23 02 449 C 449 4 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 154 247 102, 783 154 247 58 755 398 30.00 03100 INTENSIVE CARE UNIT 31.00 23, 384 16, 138 23, 384 6, 351 66 31.00 32.00 03200 CORONARY CARE UNIT 17,826 18, 290 17, 826 6, 213 32.00 46 04300 NURSERY 43.00 15, 360 8, 964 15, 360 30 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 57.808 8, 301 57,808 70 50.00 05100 RECOVERY ROOM 9,818 9, 818 0 12 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 6,069 3, 542 6,069 12 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 34, 042 4, 488 34.042 49 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 8,425 1, 917 8, 425 27 55.00 05700 CT SCAN 57.00 3,856 9, 223 3.856 13 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 5, 218 2, 338 5, 218 7 58.00 05900 CARDIAC CATHETERIZATION 31 59.00 59 00 16, 125 3, 712 16, 125 6, 188 6, 188 60.00 06000 LABORATORY 0 60.00 64.00 06400 I NTRAVENOUS THERAPY 518 518 64.00 06500 RESPIRATORY THERAPY 47 65.00 2.714 2.714 65.00 0 06600 PHYSI CAL THERAPY 66.00 3.419 C 3, 419 20 66.00 67.00 06700 OCCUPATIONAL THERAPY 871 871 12 67.00 68.00 06800 SPEECH PATHOLOGY 298 298 68.00 06900 ELECTROCARDI OLOGY 1, 280 1, 280 42 69.00 0 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 0 796 0 9 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0 C 0 0 73.00 74.00 07400 RENAL DIALYSIS 74.00 222 222 0 03330 ENDOSCOPY 76.00 812 3 76.00 C 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 4, 323 C 4, 323 48 76.01 76. 03 03951 LUTHERWOOD PARTNERSHIP r 0 76.03 76.04 03952 WOUND CARE CENTER 8,056 4, 288 8,056 9 76.04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 3, 859 110 76.05 20.251 20, 251 03953 I MAGING CENTERS 76.06 113 C 113 4 76.06 03954 BREAST DIAGNOSTIC CENTER 76.07 2,608 0 2,608 0 76.07 07697 CARDIAC REHABILITATION 0 76. 97 7,537 0 7,537 12 76.97 o 07698 HYPERBARIC OXYGEN THERAPY 0 2.922 76. 98 76.98 2.922 3 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 Ω C 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0 0 0 0 0 0 0 0 0 0 0 0 0 89.00 90 00 09000 CLI NI C 0 Ω 0 0 90 00 04950 DIABETIC CARE CENTER 90.01 0 0 90.01 04951 HEALTHY HEARTS CENTER 3, 931 3, 931 26 90.02 90.02 606 90.03 09001 CLI NI C 0 C C 0 90.03 04953 SPINE CENTER 0 O 90 04 90 04 Ω 0 90.05 04954 INFUSION CENTERS 0 0 0 0 90.05 09002 MEDCHECK CLINICS 90.06 0 90.06 90.07 09003 KNEE CENTER 0 13, 452 29 90.07 13.452 09004 PALLIATIVE CARE 90.08 90 08 0 0 C 0 90. 10 09006 WORK SITE CLINICS 0 0 0 90.10 04961 FAMILY PRACTICE AND MATERNITY CARE 0 0 ol 90.12

Health Financial Systems CO	MMUNITY HOSPITAL	OF INDIANA, IN	NC.	In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1	
				From 01/01/2016 o 12/31/2016	Date/Time Pre	narod:
			'	0 12/31/2010	2/27/2017 9: 4	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	
	(SQUARE FEET)	(POUNDS OF				
	7.00	LAUNDRY)	0.00	10.00	11 00	
01 00 00100 ENERGENCY	7.00	8.00	9. 00	10.00	11.00	01.00
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION   BEDS (NON-DISTINCT PART)	40, 104	41, 807	40, 104	0	135	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS						92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		0	0	98. 00
SPECIAL PURPOSE COST CENTERS				,		70.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	553, 699	232, 833	540, 919	71, 319	1, 502	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0	0	190. 00
191. 00 19100 RESEARCH	630	0	630	0	4	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	(	0		192. 00
194.00 07950 HOME OFFICE	32, 386	0	32, 386	0		194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	(	0		194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	(	0		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	(	0		194. 05
194. 07 07957 LI FECHECK	0	0	(	0		194. 07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	(	0		194. 08
194. 09 07959 SURGERY CENTER EAST	0	0	(	0	0	194. 09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	27 227 420	1 145 017	10 004 005	2 007 075	0 410 771	201. 00
202.00 Cost to be allocated (per Wkst. B, Part I)	27, 326, 428	1, 145, 316	10, 984, 985	2, 807, 075	9, 419, 771	202.00
203.00 Unit cost multiplier (Wkst. B, Part I	) 46. 575301	4. 919045	19, 139772	39. 359427	6, 250. 677505	203 00
204.00 Cost to be allocated (per Wkst. B,	2, 668, 857					
Part II)			0.0,020	202,700		
205.00 Unit cost multiplier (Wkst. B, Part	4. 548813	0. 046132	0. 607780	2. 842623	445. 318514	205. 00
11)						

	Financial Systems COMM NLLOCATION - STATISTICAL BASIS	MUNITY HOSPITAL	Provider CO		In Lie eriod:	wof Form CMS-2 Worksheet B-1	2552-10
C031 F	RELOCATION - STATISTICAL BASIS		Frovider CC		om 01/01/2016	Date/Time Pre	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	2/27/2017 9: 4 SOCI AL SERVI CE	4 am
	cost conton becompendin	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		(DI RECT NURS.	SUPPLY (COSTED	REQUIS.)	LI BRARY (GROSS	(TOTAL PATIENT DAYS)	
		HRS. )	REQUIS.)		CHARGES)	DATS)	
	OFNEDAL CEDIU OF COCT OFNITEDO	13.00	14. 00	15. 00	16. 00	17. 00	
1. 00	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00	00200 CAP REL COSTS-MVBLE EQUI P						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00
10. 00 11. 00	01100 CAFETERI A						10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	757					13. 00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0	55, 144, 759 130, 543	100			14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY		5, 755	0	2, 009, 466, 270		16. 00
17. 00	01700 SOCIAL SERVICE	0	11, 288	0	0	74, 480	17. 00
18. 00 19. 00	01850 OTHER GENERAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	18. 00 19. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD		0	0	0	o o	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	98, 701	0	0	0	22. 00
23. 00 23. 01	02300   EMS TRAINING-ALLIED HEALTH   02301   RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23. 00 23. 01
23. 02	02302 PHARMACY RESI DENCY-ALLI ED HEALTH	o	0	Ö	0	Ö	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	23. 03
30. 00	O3000 ADULTS & PEDIATRICS	398	1, 953, 596	0	142, 670, 607	58, 129	30.00
31. 00	03100 INTENSIVE CARE UNIT	66	281, 957	О	27, 002, 214	6, 351	31. 00
32. 00 43. 00	03200   CORONARY CARE UNIT   04300   NURSERY	46	241, 136 148, 638	0	18, 097, 552 15, 246, 926		32. 00 43. 00
43.00	ANCI LLARY SERVICE COST CENTERS	30	140, 030	<u> </u>	15, 240, 920	3, 767	43.00
50.00	05000 OPERATING ROOM	70	6, 211, 416	0	118, 504, 662		50.00
51. 00 52. 00	O5100   RECOVERY ROOM   O5200   DELIVERY ROOM & LABOR ROOM	0	87, 089 109, 388	0	14, 423, 151 6, 024, 113	0	51. 00 52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	494, 649	0	55, 329, 075	0	54. 00
55. 00 57. 00	05500 RADI OLOGY-THERAPEUTI C 05700 CT SCAN	0	284, 744 69, 382	0	15, 913, 064 74, 371, 428		55. 00 57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	27, 861	Ö	18, 287, 040		58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	434, 708	0	144, 777, 235		59.00
60. 00 64. 00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	0	2, 485, 700 49, 978	0	139, 819, 705 1, 140, 033		60. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY	o o	622, 185	Ö	27, 666, 636		65.00
66.00	06600 PHYSI CAL THERAPY	0	145, 511	0	22, 874, 521	0	66.00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	32, 933 11, 259	0	5, 845, 992 2, 023, 647	0	67. 00 68. 00
69. 00	06900 ELECTROCARDI OLOGY	Ö	264, 955	0	44, 210, 749		69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	109, 841 14, 676, 712	0	6, 739, 665 67, 549, 837	0	70. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	21, 766, 741	0	62, 536, 131	0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	100	515, 566, 001	0	73. 00
74. 00 76. 00	07400 RENAL DI ALYSI S 03330 ENDOSCOPY	0	54, 284	0	3, 404, 295 3, 918, 508		74. 00 76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	339, 877	Ö	8, 928, 068	l	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	347, 785	0	671, 860		76. 03
76. 04 76. 05	03952 WOUND CARE CENTER 03480 ONCOLOGY-CANCER CARE CENTER	0	325, 439 343, 988	0	10, 390, 538 168, 015, 700		76. 04 76. 05
76. 06	03953 I MAGING CENTERS	Ö	778, 721	0	42, 830, 929		76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	6, 703	0	3, 138, 947	0	76. 07
76. 97 76. 98	O7697   CARDI AC REHABI LI TATI ON   O7698   HYPERBARI C OXYGEN THERAPY	0	37, 980 24, 139	0 0	3, 426, 162 4, 224, 156		76. 97 76. 98
	OUTPATIENT SERVICE COST CENTERS		= 1, 151	-	., == .,		
88. 00 89. 00	08800   RURAL HEALTH CLINIC   08900   FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	88. 00 89. 00
90.00	09000 CLINIC	0	0	Ö	0	Ö	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	0	0	0	90. 01
90. 02 90. 03	04951   HEALTHY HEARTS CENTER   09001   CLI NI C	0	170, 856 0	0 0	4, 383, 991 0	0	90. 02 90. 03
90. 04	04953 SPI NE CENTER	0	0	o	0	Ö	90. 04
90. 05	04954 INFUSION CENTERS	0	42, 774	0	2, 652, 971	0	90.05
90. 06 90. 07	09002 MEDCHECK CLINICS 09003 KNEE CENTER	0	0 74, 087	0 	0 5, 308, 680	0	90. 06 90. 07
90. 08	09004 PALLI ATI VE CARE	o	. 1, 337	o o	2, 407	0	90. 08
90. 10	09006 WORK SITE CLINICS	0	0	0	0	0	90. 10

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lie	u of Form CMS-2552-10
COCT ALLOCATION CTATICTION DAGES		D ' 1 OON 45 OO74	D : 1	W 1 1 1 D 4

Health Financial Systems COMM	UNI TY HOSPI TAL	OF INDIANA, IN	IC.	In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CC		Peri od:	Worksheet B-1	
				From 01/01/2016 o 12/31/2016		narod:
				0 12/31/2010	2/27/2017 9: 4	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT	
	(DI RECT NURS.	(COSTED		(GROSS	DAYS)	
	HRS. )	REQUI S. )		CHARGES)		
	13. 00	14. 00	15. 00	16. 00	17. 00	
90.12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	0	(	0	0	1 /0
91. 00   09100   EMERGENCY	135	1, 617, 587	(	201, 549, 074	0	1 / 00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	757	54, 920, 886	100	2, 009, 466, 270	74, 480	118. 00
NONRE MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		190. 00
191. 00 19100 RESEARCH	0	1, 733		0		191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	7, 622		0		192. 00
194.00 07950 HOME OFFICE	0	0	(	0		194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0		194. 01
194.03 07953 SCHOOL BASED CLINICS	0	634		0		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	222		0		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	151, 262		0		194. 05
194. 07 07957 LI FECHECK	0	2, 517		0		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	59, 883	(	0		194. 08
194.09 07959 SURGERY CENTER EAST	0	0	(	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	12, 745, 711	3, 880, 957	14, 102, 127	10, 086, 701	7, 881, 338	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	16, 837. 134742		141, 021. 270000			1
204.00 Cost to be allocated (per Wkst. B,	256, 090	786, 330	458, 706	156, 280	75, 446	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	338. 295905	0. 014259	4, 587. 060000	0. 000078	1. 012970	205. 00
11)					I	I

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu of Form CMS-2552-10 Provider CCN: 15-0074 Peri od: From 01/01/2016 To 12/31/2016 Worksheet B-1 Date/Time Prepared: 2/27/2017 9:44 am OTHER GENERAL INTERNS & RESIDENTS

		SERVICE		INTERNS &	RESIDENTS		
	Cost Center Description	(TIME SPENT)	NONPHYSICIAN	SERVI CES-SALAR	SERVI CES-OTHER	EMS	
		(	ANESTHETI STS	Y & FRINGES		TRAI NI NG-ALLI E	
			(ASSI GNED	(ASSI GNED	(ASSI GNED	D HEALTH	
			TIME)	TIME)	TI ME)	(ASSIGNED TIME)	
		18. 00	19. 00	21.00	22. 00	23. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUI P						2. 00
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4. 00 5. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON						11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY						16. 00
17. 00	01700 SOCIAL SERVICE						17. 00
18.00	01850 OTHER GENERAL SERVICE	0					18. 00
19. 00 21. 00	01900 NONPHYSICIAN ANESTHETISTS   02100   &R SERVICES-SALARY & FRINGES APPRVD	0	O	3, 888			19. 00 21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD			3,000	3, 888		22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0			2, 222	100	23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0					23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0					23. 02
23. 03		0		1			23. 03
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS   03000   ADULTS & PEDIATRICS	1		1, 166	1, 166	0	30. 00
31. 00	03100 INTENSIVE CARE UNIT				1, 100		31. 00
32. 00	03200 CORONARY CARE UNIT	0	O	0	0	0	32.00
43.00	04300 NURSERY	0	0	0	0	0	43. 00
	ANCILLARY SERVICE COST CENTERS				0.5		
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0					50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0			-		52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	Ö	4	4	Ö	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	o	0	0	0	55.00
57. 00	05700 CT SCAN	0	0	0	0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	0	0	58. 00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0		0	0	0	59. 00 60. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	Ö	o o	0	o o	64. 00
65.00	06500 RESPI RATORY THERAPY	0	0	0	0	0	65.00
66. 00	06600 PHYSI CAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0			0	0	68. 00 69. 00
	07000 ELECTROCARDI OLOGI 07000 ELECTROENCEPHALOGRAPHY			0	0		70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ö	Ö	0	Ō	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73.00		0	0	0	0	0	73. 00
74. 00 76. 00				0	0	0	74. 00 76. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES				0		76. 00 76. 01
	03951 LUTHERWOOD PARTNERSHIP	0		o o	0	Ö	76. 03
76. 04	03952 WOUND CARE CENTER	0	o	27	27	0	76. 04
	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76. 05
76.06		0	0	0	0	0	76.06
76. 07 76. 97	I I	0	0	0	0	0	76. 07 76. 97
76. 98	1 1	0	Ö	o o	0		76. 98
	OUTPATIENT SERVICE COST CENTERS		-	·			
88. 00	i i	0	0	0	0		88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00 90. 01	1 1			0	0	0	90. 00 90. 01
90. 01	+ I		0	o o	0	Ö	90. 01
90. 03	09001 CLI NI C	0	0	Ō	0	0	90. 03
	04953 SPINE CENTER	0	0	0	0	0	90. 04
	04954 I NFUSION CENTERS	0	0	80	80	0	90. 05
	09002 MEDCHECK CLINICS 09003 KNEE CENTER	0		8	. U	0	90. 06 90. 07
	januar serrer		1			,	

Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2016 То 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am OTHER GENERAL INTERNS & RESIDENTS SERVI CE NONPHYSI CI AN SERVI CES-SALAR SERVI CES-OTHER Cost Center Description (TIME SPENT) EMS ANESTHETI STS Y & FRINGES TRAI NI NG-ALLI E PRGM COSTS (ASSI GNED (ASSI GNED (ASSI GNED D HEALTH TIME) TIME) TIME) (ASSI GNED TIME) 18. 00 19.00 21.00 22.00 23. 00 90. 08 09004 PALLIATIVE CARE 0 0 90.08 0 0 90. 10 09006 WORK SITE CLINICS 0 0 o 90 10 C 0 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 0 0 0 0 90.12 91.00 09100 EMERGENCY 0 185 185 100 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) 0 1, 505 0 1, 505 100 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190. 00 0 191. 00 19100 RESEARCH 0 191.00 0000000000 0 8 8 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 192.00 0 257 257 194.00 07950 HOME OFFICE 0 0 194. 00 C 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 194. 01 0 0 194. 03 07953 SCHOOL BASED CLINICS 0 0 194. 03 0 0 194. 04 07954 SMO-NON PROVIDER BASED 0 0 0 0 194 04 194.05 07955 FAMILY PRACTICE MEDICINE 2, 118 2, 118 0 194. 05 194. 07 07957 LI FECHECK 0 0 194. 07 194.08 07958 GROUP HOMES AND MISC. N\_R CTRS 0 194. 08 0 0 0 194. 09 07959 SURGERY CENTER EAST 0 0 194. 09 0 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00

0

0.000000

0.000000

8, 337, 875

19. 345679

75, 216

2, 144. 515175

C

0.000000

0.000000

13, 678, 179

179, 442

46. 152778

1, 341, 227 202. 00

176, 156 204. 00

1, 761. 560000 205. 00

3, 518. 050154 13, 412. 270000 203. 00

202.00

203.00

204.00

205.00

Part I)

Part II)

111)

Cost to be allocated (per Wkst. B,

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

Unit cost multiplier (Wkst. B, Part I)

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Peri od: Worksheet B-1 From 01/01/2016 To 12/31/2016 Date/Ti me Prepared:

2/27/2017 9:44 am Cost Center Description RADI OLOGY PHARMACY PHARMACY SCHOOL-ALLI ED RESI DENCY-ALLI RESI DNECY-BTH HEALTH ED HEALTH ALLI ED HEALTH (ASSI GNED (ASSLGNED (ASSI GNED TIME) TIME) TIME) 23.01 23.02 23.03 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1 00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 17.00 01700 SOCIAL SERVICE 17.00 01850 OTHER GENERAL SERVICE 18.00 18.00 01900 NONPHYSICIAN ANESTHETISTS 19 00 19 00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 02300 EMS TRAINING-ALLIED HEALTH 23.00 23.00 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 23 01 23 01 23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH 100 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 100 23.03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 0 31.00 03100 INTENSIVE CARE UNIT 0 C 0 31.00 03200 CORONARY CARE UNIT 0 0 32.00 32.00 0 04300 NURSERY 0 43.00 0 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 0 50.00 05100 RECOVERY ROOM 0 0 51.00 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 0000000000000000000000000000 0 52.00 0 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54 00 0 05500 RADI OLOGY-THERAPEUTI C 55.00 55.00 0 57.00 05700 CT SCAN 0 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 60.00 06000 LABORATORY 0 0 60.00 06400 I NTRAVENOUS THERAPY 0 64.00 64.00 0 06500 RESPIRATORY THERAPY 0 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 67.00 06800 SPEECH PATHOLOGY 0 68.00 0 68.00 0 69.00 06900 ELECTROCARDI OLOGY 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72 00 C 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 100 100 73.00 07400 RENAL DIALYSIS 74.00 0 0 74.00 03330 ENDOSCOPY 0 76.00 0 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76.01 C 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 0 0 76.03 03952 WOUND CARE CENTER 76.04 0 76.04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER Ω 0 76 05 03953 I MAGING CENTERS 0 76.06 0 76.06 76. 07 03954 BREAST DIAGNOSTIC CENTER 0 0 76.07 0 76.97 07697 CARDIAC REHABILITATION 0 0 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 76.98 0 76. 98 0 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0000000000 0 0 89.00 0 90.00 09000 CLI NI C 0 90 00 0 90.01 04950 DIABETIC CARE CENTER 0 90.01 04951 HEALTHY HEARTS CENTER 0 90.02 90.02 0 90.03 09001 CLI NI C 0 90.03 0 90.04 04953 SPINE CENTER 0 90.04 04954 INFUSION CENTERS 0 90.05 90.05 90.06 09002 MEDCHECK CLINICS 0 0 90.06 0 09003 KNEE CENTER 90 07 0 90.07 90.08 09004 PALLIATIVE CARE 90.08 90. 10 09006 WORK SITE CLINICS 0 90.10

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2016 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Cost Center Description RADI OLOGY PHARMACY PHARMACY SCHOOL-ALLI ED RESI DENCY-ALLI RESI DNECY-BTH HEALTH ED HEALTH ALLI ED HEALTH (ASSI GNED (ASSI GNED (ASSI GNED TIME) TIME) TIME) 23.01 23.02 23.03 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 90. 12 09100 EMERGENCY 0 91.00 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 0 0 0 98.00 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS 118.00 0 100 100 118.00 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190. 00 191. 00 19100 RESEARCH 0 0 0 0 0 0 0 0 191. 00 Ω 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 192. 00 0 194.00 07950 HOME OFFICE 0 0 194. 00 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 0 194. 01 194. 03 07953 SCHOOL BASED CLINICS 0 194. 03 0 194. 04 07954 SMO-NON PROVIDER BASED 194. 04 0 194.05 07955 FAMILY PRACTICE MEDICINE 0 0 194. 05 194. 07 07957 LI FECHECK 0 194. 07 Ω 194. 08 194.08 07958 GROUP HOMES AND MISC. N\_R CTRS C 0 194. 09 07959 SURGERY CENTER EAST 0 0 194. 09 Cross Foot Adjustments 200.00 200. 00 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 0 890, 802 123, 891 202. 00 Part I)

0.000000

0.000000

8, 908. 020000

172. 440000

17, 244

1, 238. 910000

1, 215

12. 150000

203. 00

204.00

205. 00

203.00

204.00

205.00

Unit cost multiplier (Wkst. B, Part I)

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

Part II)

11)

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Hospi tal Title XVIII PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30 00 03000 ADULTS & PEDIATRICS 119, 186, 927 119, 186, 927 119, 186, 927 20, 044, 349 20, 044, 349 03100 INTENSIVE CARE UNIT 20, 044, 349 0 31.00 31.00 03200 CORONARY CARE UNIT o 32.00 12, 602, 980 12, 602, 980 12, 602, 980 32.00 04300 NURSERY 9, 293, 947 9, 293, 947 9, 293, 947 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 33, 737, 614 33, 737, 614 33, 737, 614 50.00 05100 RECOVERY ROOM 4, 039, 615 4, 039, 615 0 4, 039, 615 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 4, 877, 853 52 00 4, 877, 853 4, 877, 853 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 14, 174, 275 14, 174, 275 0 14, 174, 275 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 7, 287, 978 7, 287, 978 0 0 0 7, 287, 978 55.00 05700 CT SCAN 5, 720, 411 57.00 5, 720, 411 5, 720, 411 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 619, 639 2, 619, 639 2, 619, 639 58.00 59.00 05900 CARDIAC CATHETERIZATION 10, 580, 714 10, 580, 714 10, 580, 714 59.00 60.00 06000 LABORATORY 15, 025, 799 15, 025, 799 0 15, 025, 799 60.00 06400 INTRAVENOUS THERAPY 878, 817 64 00 878 817 878 817 64 00 65.00 06500 RESPIRATORY THERAPY 11, 465, 358 11, 465, 358 11, 465, 358 65.00 06600 PHYSI CAL THERAPY 12, 182, 654 0 12, 182, 654 0 12, 182, 654 66.00 66.00 0 06700 OCCUPATIONAL THERAPY 67.00 2, 951, 468 2, 951, 468 2, 951, 468 67.00 06800 SPEECH PATHOLOGY 1, 008, 540 1, 008, 540 1, 008, 540 68 00 68 00 0 69.00 06900 ELECTROCARDI OLOGY 7, 779, 474 7, 779, 474 7, 779, 474 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 2, 272, 999 2, 272, 999 0 0 0 2, 272, 999 70.00 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 19 621 859 19, 621, 859 19, 621, 859 71 00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 28, 911, 795 28, 911, 795 28, 911, 795 72.00 106, 704, 144 07300 DRUGS CHARGED TO PATIENTS 106, 704, 144 106, 704, 144 73.00 73.00 74.00 07400 RENAL DIALYSIS 1,504,330 1,504,330 0 1,504,330 74.00 03330 ENDOSCOPY 76 00 907 144 907 144 907, 144 76 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 19, 079, 442 19, 079, 442 19, 079, 442 76.01 3, 307, 344 03951 LUTHERWOOD PARTNERSHIP 3, 307, 344 3, 307, 344 0 76.03 76.03 0 76.04 03952 WOUND CARE CENTER 4, 293, 971 4, 293, 971 4, 293, 971 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 53, 918, 227 53.918.227 53, 918, 227 76 05 0 76.06 03953 I MAGING CENTERS 10, 602, 260 10, 602, 260 10, 602, 260 76.06 1, 925, 367 03954 BREAST DIAGNOSTIC CENTER 0 76.07 1, 925, 367 1, 925, 367 76.07 0 76. 97 07697 CARDIAC REHABILITATION 2, 480, 797 2, 480, 797 2, 480, 797 76. 97 07698 HYPERBARIC OXYGEN THERAPY 1, 438, 396 76.98 1, 438, 396 0 1, 438, 396 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 O 0 88 00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 89.00 0 0 O 90.00 09000 CLI NI C 0 Λ 90 00 90.01 04950 DIABETIC CARE CENTER 0 0 0 0 90.01 0 90.02 04951 HEALTHY HEARTS CENTER 6, 284, 403 6, 284, 403 6, 284, 403 90.02 09001 CLINIC 90.03 90.03 0 0 0 04953 SPINE CENTER 0 90.04 0 0 Λ 90.04 90.05 04954 INFUSION CENTERS 1, 285, 020 1, 285, 020 1, 285, 020 90.05 0 09002 MEDCHECK CLINICS 90.06 90.06 C 0 90 07 09003 KNEE CENTER 7, 806, 726 7, 806, 726 7, 806, 726 90 07 09004 PALLIATIVE CARE 0 90.08 29, 417 29, 417 29, 417 90.08 0 90. 10 09006 WORK SITE CLINICS 0 0 90.10 Ω 04961 FAMILY PRACTICE AND MATERNITY CARE 90.12 0 0 0 90.12 91.00 09100 EMERGENCY 43, 028, 450 43, 028, 450 43, 028, 450 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 10.565.234 10, 565, 234 10, 565, 234 92.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 98.00 Ω 98 00 200.00 Subtotal (see instructions) 621, 425, 737 0 621, 425, 737 0 621, 425, 737 200. 00 201.00 Less Observation Beds 10, 565, 234 10, 565, 234 10, 565, 234 201. 00 610, 860, 503 202. 00 202.00 Total (see instructions) 610, 860, 503 610, 860, 503

Peri od:

From 01/01/2016

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 134, 645, 285 134, 645, 285 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 27, 002, 214 27, 002, 214 31.00 18, 097, 552 03200 CORONARY CARE UNIT 18, 097, 552 32.00 32.00 43.00 04300 NURSERY 15, 246, 926 15, 246, 926 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 88, 514, 164 29, 990, 498 118, 504, 662 0. 284694 0.000000 50.00 51.00 05100 RECOVERY ROOM 7, 042, 235 7, 380, 916 14, 423, 151 0.280079 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 6, 024, 113 6, 024, 113 0.809721 0.000000 52.00 52.00 44, 365, 474 05400 RADI OLOGY-DI AGNOSTI C 55, 329, 075 0.000000 54.00 10.963.601 0.256181 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 5, 083, 387 10, 829, 677 15, 913, 064 0.457987 0.000000 55.00 57.00 05700 CT SCAN 18, 118, 462 56, 252, 966 74, 371, 428 0.076917 0.000000 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 14, 373, 912 18, 287, 040 0.000000 58.00 3, 913, 128 0.143251 58.00 05900 CARDIAC CATHETERIZATION 59.00 59, 972, 438 84, 804, 797 144, 777, 235 0.073083 0.000000 59.00 06000 LABORATORY 65, 822, 276 73, 997, 429 139, 819, 705 0. 107466 0.000000 60.00 60.00 64.00 06400 INTRAVENOUS THERAPY 1, 107, 757 32, 276 1, 140, 033 0.770870 0.000000 64.00 06500 RESPIRATORY THERAPY 27, 666, 636 25, 384, 815 0 414411 65.00 2, 281, 821 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 4, 045, 729 18, 828, 792 22, 874, 521 0.532586 0.000000 66.00 06700 OCCUPATI ONAL THERAPY 2, 803, 584 3, 042, 408 5, 845, 992 0.504870 0.000000 67.00 67.00 06800 SPEECH PATHOLOGY 1, 369, 230 2, 023, 647 0.498377 0.000000 68.00 654, 417 68.00 06900 ELECTROCARDI OLOGY 44, 210, 749 69.00 10, 561, 849 33, 648, 900 0.175963 0.000000 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1,080,140 5, 659, 525 6, 739, 665 0.337257 0.000000 70.00 67, 549, 837 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 38, 707, 635 28, 842, 202 0.290480 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72 00 40. 956. 447 21, 579, 684 62, 536, 131 0 462321 0 000000 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 70, 533, 180 445, 032, 821 515, 566, 001 0.206965 0.000000 73.00 74.00 07400 RENAL DIALYSIS 3, 404, 295 3, 404, 295 0. 441892 0.000000 74.00 76.00 03330 ENDOSCOPY 1, 776, 157 2, 142, 351 3, 918, 508 0. 231502 0.000000 76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 8, 928, 068 8, 928, 068 76.01 0 2.137018 0.000000 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 671,860 671,860 4. 922668 0.000000 76.03 03952 WOUND CARE CENTER 76.04 70,580 10, 319, 958 10, 390, 538 0.413258 0.000000 76.04 76 05 03480 ONCOLOGY-CANCER CARE CENTER 1 542 737 166, 472, 963 168 015 700 0.320912 0 000000 76 05 03953 I MAGING CENTERS 42, 830, 929 76.06 140, 334 42, 690, 595 0.247537 0.000000 76.06 76. 07 03954 BREAST DIAGNOSTIC CENTER 13, 748 3, 125, 199 3, 138, 947 0.613380 0.000000 76.07 76.97 07697 CARDIAC REHABILITATION 3,073 3, 423, 089 3, 426, 162 0.724075 0.000000 76.97 76.98 07698 HYPERBARI C OXYGEN THERAPY 0.340517 76. 98 0 4, 224, 156 4, 224, 156 0.000000 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 0.000000 0.000000 09000 CLINIC 0 90 00 90 00 0 Ω 90.01 04950 DIABETIC CARE CENTER 0.000000 0.000000 90.01 90.02 04951 HEALTHY HEARTS CENTER 21, 300 4, 362, 691 4, 383, 991 1.433489 0.000000 90.02 09001 CLI NI C 0.000000 90.03 0.000000 90.03 0 C 04953 SPINE CENTER 90.04 0 0.000000 0.000000 90 04 90.05 04954 INFUSION CENTERS 0 2, 652, 971 2, 652, 971 0.484370 0.000000 90.05 90 06 09002 MEDCHECK CLINICS 0.000000 0.000000 90 06 09003 KNEE CENTER 1,082 5. 307. 598 5, 308, 680 1.470559 0.000000 90.07 90.07 90.08 09004 PALLIATIVE CARE 83 2, 324 2, 407 12. 221437 0.000000 90.08 09006 WORK SITE CLINICS 0.000000 0.000000 90.10 90.10 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 0.000000 90.12 0 201, 549, 074 09100 EMERGENCY 91.00 33, 837, 019 167, 712, 055 0.213489 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 1, 474, 598 6, 550, 724 8,025,322 1.316487 0.000000 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER RELMBURSABLE COST CENTERS 0.000000 98.00 0.000000 200.00 Subtotal (see instructions) 698, 566, 340 1, 310, 899, 930 2, 009, 466, 270 200.00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 698, 566, 340 1, 310, 899, 930 2, 009, 466, 270 202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: | 2/27/2017 9:44 am Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

-			Title XVIII	Hospi tal	PPS	2111
	Cost Center Description	PPS Inpatient	THE ATTE	1103pi tui	110	
	oust contain beschiptron	Ratio				
		11.00				
I NPA	TIENT ROUTINE SERVICE COST CENTERS	11100				
	DADULTS & PEDIATRICS				30	0. 00
	INTENSIVE CARE UNIT					1. 00
	CORONARY CARE UNIT					2. 00
1	NURSERY				l l	3. 00
					4.	3.00
	LLARY SERVICE COST CENTERS OF OPERATING ROOM	0. 284694			E/	0. 00
	O RECOVERY ROOM	1				
1		0. 280079				1.00
	D DELIVERY ROOM & LABOR ROOM	0. 809721				2. 00
	O RADI OLOGY-DI AGNOSTI C	0. 256181				4. 00
	O RADI OLOGY-THERAPEUTI C	0. 457987				5. 00
1	O CT SCAN	0. 076917				7. 00
	MAGNETIC RESONANCE IMAGING (MRI)	0. 143251			ı	8. 00
1	CARDI AC CATHETERI ZATI ON	0. 073083			ı	9. 00
	O LABORATORY	0. 107466			l	0. 00
1	O INTRAVENOUS THERAPY	0. 770870			l	4. 00
65. 00 0650	D RESPIRATORY THERAPY	0. 414411			65	5. 00
66. 00 0660	PHYSI CAL THERAPY	0. 532586			66	6. 00
67. 00 0670	OCCUPATIONAL THERAPY	0. 504870			67	7. 00
68. 00 0680	SPEECH PATHOLOGY	0. 498377			68	8. 00
69. 00 0690	ELECTROCARDI OLOGY	0. 175963			69	9. 00
70. 00 0700	DELECTROENCEPHALOGRAPHY	0. 337257			70	0. 00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 290480			I	1. 00
1	IMPL. DEV. CHARGED TO PATIENTS	0. 462321			I	2. 00
	D DRUGS CHARGED TO PATIENTS	0. 206965			ı	3. 00
	O RENAL DI ALYSI S	0. 441892			ı	4. 00
-	DENDOSCOPY	0. 231502			ı	6. 00
	PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES	2. 137018			ı	6. 01
	1 LUTHERWOOD PARTNERSHIP	4. 922668				6. 03
1	2 WOUND CARE CENTER	0. 413258			l l	6. 04
	ONCOLOGY-CANCER CARE CENTER	0. 320912				6. 05
	3 I MAGI NG CENTERS	0. 247537				6. 06
	4 BREAST DIAGNOSTIC CENTER	0. 613380				6. 07
1	7 CARDI AC REHABILITATION	0. 724075				6. 97
		1				
	B HYPERBARI C OXYGEN THERAPY	0. 340517				6. 98
	ATIENT SERVICE COST CENTERS					0 00
	RURAL HEALTH CLINIC					8. 00
	FEDERALLY QUALIFIED HEALTH CENTER				ı	9. 00
	O CLI NI C	0. 000000			ı	0. 00
	D DI ABETI C CARE CENTER	0. 000000			l	0. 01
	1 HEALTHY HEARTS CENTER	1. 433489				0. 02
	1 CLI NI C	0. 000000			l	0. 03
	3 SPINE CENTER	0. 000000			l	0. 04
	4 INFUSION CENTERS	0. 484370				0. 05
	2 MEDCHECK CLINICS	0. 000000			90	0. 06
90. 07 0900	3 KNEE CENTER	1. 470559			90	0. 07
90. 08 0900	4 PALLIATIVE CARE	12. 221437				0. 08
90. 10   0900	WORK SITE CLINICS	0. 000000			90	0. 10
	1 FAMILY PRACTICE AND MATERNITY CARE	0. 000000				0. 12
91.00 0910		0. 213489				1. 00
	OBSERVATION BEDS (NON-DISTINCT PART)	1. 316487				2. 00
	R REIMBURSABLE COST CENTERS				/-	
	O OTHER REI MBURSABLE COST CENTERS	0. 000000			9.9	8. 00
200. 00	Subtotal (see instructions)	5. 555555				0. 00
201. 00	Less Observation Beds					1. 00
202. 00	Total (see instructions)					2. 00
232. 00	1.524. (556 111511 4611 6115)	ı l			1202	00

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Hospi tal Title XIX PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30 00 03000 ADULTS & PEDIATRICS 119, 186, 927 119, 186, 927 119, 186, 927 20, 044, 349 20, 044, 349 03100 INTENSIVE CARE UNIT 20, 044, 349 0 31.00 31.00 03200 CORONARY CARE UNIT o 32.00 12, 602, 980 12, 602, 980 12, 602, 980 32.00 04300 NURSERY 9, 293, 947 9, 293, 947 9, 293, 947 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 33, 737, 614 33, 737, 614 33, 737, 614 50.00 05100 RECOVERY ROOM 4, 039, 615 4, 039, 615 0 4, 039, 615 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 4, 877, 853 52 00 4, 877, 853 4, 877, 853 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 14, 174, 275 14, 174, 275 0 14, 174, 275 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 7, 287, 978 7, 287, 978 0 0 0 7, 287, 978 55.00 05700 CT SCAN 5, 720, 411 5, 720, 411 57.00 5, 720, 411 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 619, 639 2, 619, 639 2, 619, 639 58.00 59.00 05900 CARDIAC CATHETERIZATION 10, 580, 714 10, 580, 714 10, 580, 714 59.00 60.00 06000 LABORATORY 15, 025, 799 15, 025, 799 0 15, 025, 799 60.00 06400 INTRAVENOUS THERAPY 878, 817 64 00 878 817 878 817 64 00 65.00 06500 RESPIRATORY THERAPY 11, 465, 358 11, 465, 358 11, 465, 358 65.00 06600 PHYSI CAL THERAPY 12, 182, 654 0 12, 182, 654 0 12, 182, 654 66.00 66.00 0 06700 OCCUPATIONAL THERAPY 67.00 2, 951, 468 2, 951, 468 2, 951, 468 67.00 06800 SPEECH PATHOLOGY 1, 008, 540 1, 008, 540 1, 008, 540 68 00 68 00 0 69.00 06900 ELECTROCARDI OLOGY 7, 779, 474 7, 779, 474 7, 779, 474 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 2, 272, 999 2, 272, 999 0 0 0 2, 272, 999 70.00 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 19 621 859 19, 621, 859 19, 621, 859 71 00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 28, 911, 795 28, 911, 795 28, 911, 795 72.00 106, 704, 144 07300 DRUGS CHARGED TO PATIENTS 106, 704, 144 106, 704, 144 73.00 73.00 74.00 07400 RENAL DIALYSIS 1,504,330 1,504,330 0 1,504,330 74.00 03330 ENDOSCOPY 76 00 907 144 907 144 907, 144 76 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 19, 079, 442 19, 079, 442 19, 079, 442 76.01 3, 307, 344 03951 LUTHERWOOD PARTNERSHIP 3, 307, 344 3, 307, 344 0 76.03 76.03 0 76.04 03952 WOUND CARE CENTER 4, 293, 971 4, 293, 971 4, 293, 971 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 53, 918, 227 53.918.227 53, 918, 227 76 05 0 76.06 03953 I MAGING CENTERS 10, 602, 260 10, 602, 260 10, 602, 260 76.06 1, 925, 367 03954 BREAST DIAGNOSTIC CENTER 0 76.07 1, 925, 367 1, 925, 367 76.07 0 76. 97 07697 CARDIAC REHABILITATION 2, 480, 797 2, 480, 797 2, 480, 797 76. 97 07698 HYPERBARIC OXYGEN THERAPY 1, 438, 396 76.98 1, 438, 396 0 1, 438, 396 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 O 0 88 00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 89.00 0 0 O 90.00 09000 CLI NI C 0 Λ 90 00 90.01 04950 DIABETIC CARE CENTER 0 0 0 0 90.01 0 90.02 04951 HEALTHY HEARTS CENTER 6, 284, 403 6, 284, 403 6, 284, 403 90.02 09001 CLINIC 90.03 90.03 0 0 0 04953 SPINE CENTER 0 90.04 0 0 Λ 90.04 90.05 04954 INFUSION CENTERS 1, 285, 020 1, 285, 020 1, 285, 020 90.05 0 09002 MEDCHECK CLINICS 90.06 90.06 C 0 90 07 09003 KNEE CENTER 7, 806, 726 7, 806, 726 7, 806, 726 90 07 09004 PALLIATIVE CARE 0 90.08 29, 417 29, 417 29, 417 90.08 0 90. 10 09006 WORK SITE CLINICS 0 0 90.10 Ω 04961 FAMILY PRACTICE AND MATERNITY CARE 90.12 0 0 0 90.12 91.00 09100 EMERGENCY 43, 028, 450 43, 028, 450 43, 028, 450 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 10.565.234 10, 565, 234 10, 565, 234 92.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 98.00 Ω 98 00 200.00 Subtotal (see instructions) 621, 425, 737 0 621, 425, 737 0 621, 425, 737 200. 00 201.00 Less Observation Beds 10, 565, 234 10, 565, 234 10, 565, 234 201. 00 610, 860, 503 202. 00 202.00 Total (see instructions) 610, 860, 503 610, 860, 503

Peri od:

From 01/01/2016

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XIX Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 134, 645, 285 134, 645, 285 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 27, 002, 214 27, 002, 214 31.00 18, 097, 552 03200 CORONARY CARE UNIT 18, 097, 552 32.00 32.00 43.00 04300 NURSERY 15, 246, 926 15, 246, 926 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 88, 514, 164 29, 990, 498 118, 504, 662 0. 284694 0.000000 50.00 51.00 05100 RECOVERY ROOM 7, 042, 235 7, 380, 916 14, 423, 151 0.280079 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 6, 024, 113 6, 024, 113 0.809721 0.000000 52.00 52.00 44, 365, 474 05400 RADI OLOGY-DI AGNOSTI C 55, 329, 075 0.000000 54.00 10.963.601 0.256181 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 5, 083, 387 10, 829, 677 15, 913, 064 0.457987 0.000000 55.00 57.00 05700 CT SCAN 18, 118, 462 56, 252, 966 74, 371, 428 0.076917 0.000000 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 14, 373, 912 0.000000 58.00 3, 913, 128 18, 287, 040 0.143251 58.00 05900 CARDIAC CATHETERIZATION 59.00 59, 972, 438 84, 804, 797 144, 777, 235 0.073083 0.000000 59.00 06000 LABORATORY 65, 822, 276 73, 997, 429 139, 819, 705 0. 107466 0.000000 60.00 60.00 64.00 06400 INTRAVENOUS THERAPY 1, 107, 757 32, 276 1, 140, 033 0.770870 0.000000 64.00 06500 RESPIRATORY THERAPY 27, 666, 636 25, 384, 815 0 414411 65.00 2, 281, 821 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 4, 045, 729 18, 828, 792 22, 874, 521 0.532586 0.000000 66.00 06700 OCCUPATI ONAL THERAPY 2, 803, 584 3, 042, 408 5, 845, 992 0.504870 0.000000 67.00 67.00 06800 SPEECH PATHOLOGY 1, 369, 230 2, 023, 647 0.498377 0.000000 68.00 654, 417 68.00 06900 ELECTROCARDI OLOGY 44, 210, 749 69.00 10, 561, 849 33, 648, 900 0.175963 0.000000 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1,080,140 5, 659, 525 6, 739, 665 0.337257 0.000000 70.00 67, 549, 837 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 38, 707, 635 28, 842, 202 0.290480 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72 00 40. 956. 447 21, 579, 684 62, 536, 131 0 462321 0 000000 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 70, 533, 180 445, 032, 821 515, 566, 001 0.206965 0.000000 73.00 74.00 07400 RENAL DIALYSIS 3, 404, 295 3, 404, 295 0.441892 0.000000 74.00 76.00 03330 ENDOSCOPY 1, 776, 157 2, 142, 351 3, 918, 508 0. 231502 0.000000 76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 8, 928, 068 8, 928, 068 76.01 0 2.137018 0.000000 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 671,860 671,860 4. 922668 0.000000 76.03 03952 WOUND CARE CENTER 76.04 70,580 10, 319, 958 10, 390, 538 0.413258 0.000000 76.04 76 05 03480 ONCOLOGY-CANCER CARE CENTER 1 542 737 166, 472, 963 168 015 700 0.320912 0 000000 76 05 03953 I MAGING CENTERS 42, 830, 929 76.06 140, 334 42, 690, 595 0.247537 0.000000 76.06 76. 07 03954 BREAST DIAGNOSTIC CENTER 13, 748 3, 125, 199 3, 138, 947 0.613380 0.000000 76.07 76.97 07697 CARDIAC REHABILITATION 3,073 3, 423, 089 3, 426, 162 0.724075 0.000000 76.97 76.98 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0 4, 224, 156 4, 224, 156 0.340517 0.000000 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0.000000 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0.000000 0.000000 89.00 09000 CLINIC 0 0.000000 0.000000 90 00 0 Ω 90 00 90.01 04950 DIABETIC CARE CENTER 0.000000 0.000000 90.01 90.02 04951 HEALTHY HEARTS CENTER 21, 300 4, 362, 691 4, 383, 991 1.433489 0.000000 90.02 09001 CLI NI C 90.03 0.000000 0.000000 90.03 0 04953 SPINE CENTER 90.04 0 0.000000 0.000000 90 04 90.05 04954 INFUSION CENTERS 0 2, 652, 971 2, 652, 971 0.484370 0.000000 90.05 90 06 09002 MEDCHECK CLINICS 0.000000 0.000000 90 06 09003 KNEE CENTER 1,082 5. 307. 598 5, 308, 680 1.470559 0.000000 90.07 90.07 90.08 09004 PALLIATIVE CARE 83 2, 324 2, 407 12. 221437 0.000000 90.08 09006 WORK SITE CLINICS 0.000000 0.000000 90.10 90.10 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 0.000000 90.12 0 201, 549, 074 09100 EMERGENCY 91.00 33, 837, 019 167, 712, 055 0.213489 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 1, 474, 598 6, 550, 724 8,025,322 1.316487 0.000000 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER RELMBURSABLE COST CENTERS 0.000000 98.00 0.000000 200.00 Subtotal (see instructions) 698, 566, 340 1, 310, 899, 930 2, 009, 466, 270 200.00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 698, 566, 340 1, 310, 899, 930 2, 009, 466, 270 202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: 2/27/2017 9: 44 am | PROPRIED | PROPR Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES COMMUNITY HOSPITAL OF INDIANA, INC.

Provider CCN: 15-0074

			Title XIX	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
	·	Ratio				
		11.00				
I NPA	TIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	O ADULTS & PEDIATRICS					30.00
	O INTENSIVE CARE UNIT					31.00
	O CORONARY CARE UNIT					32.00
	O NURSERY					43. 00
	LLARY SERVICE COST CENTERS					
	O OPERATING ROOM	0. 284694				50.00
	O RECOVERY ROOM	0. 280079				51. 00
	O DELIVERY ROOM & LABOR ROOM	0. 809721				52. 00
	O RADI OLOGY-DI AGNOSTI C	0. 256181				54. 00
	O RADI OLOGY-THERAPEUTI C	0. 457987				55. 00
	O CT SCAN	0. 076917				57. 00
	O MAGNETIC RESONANCE IMAGING (MRI)	0. 070417				58. 00
	O CARDI AC CATHETERI ZATI ON	0. 143231				59. 00
						60.00
	O LABORATORY	0. 107466				
	O I NTRAVENOUS THERAPY	0. 770870				64.00
	O RESPI RATORY THERAPY	0. 414411				65.00
	O PHYSI CAL THERAPY	0. 532586				66.00
	O OCCUPATI ONAL THERAPY	0. 504870				67. 00
68. 00 06800	O SPEECH PATHOLOGY	0. 498377				68. 00
	O ELECTROCARDI OLOGY	0. 175963				69. 00
	0 ELECTROENCEPHALOGRAPHY	0. 337257				70.00
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 290480				71. 00
	O IMPL. DEV. CHARGED TO PATIENTS	0. 462321				72.00
	O DRUGS CHARGED TO PATIENTS	0. 206965				73.00
	O RENAL DIALYSIS	0. 441892				74.00
76. 00 03330	O ENDOSCOPY	0. 231502				76.00
	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2. 137018				76. 01
	1 LUTHERWOOD PARTNERSHIP	4. 922668				76. 03
76. 04 03952	2 WOUND CARE CENTER	0. 413258				76.04
76. 05   03480	O ONCOLOGY-CANCER CARE CENTER	0. 320912				76. 05
76.06 03953	3 I MAGING CENTERS	0. 247537				76.06
76. 07   03954	4 BREAST DIAGNOSTIC CENTER	0. 613380				76.07
76. 97 0769	7 CARDIAC REHABILITATION	0. 724075				76. 97
	8 HYPERBARIC OXYGEN THERAPY	0. 340517				76. 98
	ATIENT SERVICE COST CENTERS	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
	O RURAL HEALTH CLINIC	0. 000000				88.00
	O FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89. 00
	O CLI NI C	0. 000000				90.00
1	O DIABETIC CARE CENTER	0. 000000			į	90. 01
	1 HEALTHY HEARTS CENTER	1. 433489				90. 02
	1 CLI NI C	0. 000000				90. 03
	3 SPI NE CENTER	0. 000000				90. 04
1	4 I NFUSION CENTERS	0. 484370				90. 05
	2 MEDCHECK CLINICS	0. 484370				90.05
	3 KNEE CENTER	1. 470559				90.00
	4 PALLIATIVE CARE	12. 221437				90.07
	6 WORK SITE CLINICS	0. 000000				90. 08
1						90. 10
	1 FAMILY PRACTICE AND MATERNITY CARE 0 EMERGENCY	0.000000				
	•	0. 213489				91.00
	O OBSERVATION BEDS (NON-DISTINCT PART)	1. 316487				92. 00
	R REIMBURSABLE COST CENTERS	0.000000				00.00
	O OTHER REI MBURSABLE COST CENTERS	0. 000000			ļ	98. 00
200.00	Subtotal (see instructions)				l l	200. 00
201.00	Less Observation Beds					201. 00
202. 00	Total (see instructions)	1			2	202. 00

Health Financial Systems COMMUNITY HOSPIT CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY

Provider CCN: 15-0074

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2016 | Part II | Date/Time Prepared: | 2/27/2017 9:44 am |

					2/27/2017 9:4	4 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Total Cost	Capital Cost	Operating Cost	Capi tal	Operating Cost	
,		(Wkst B Part	Net of Capital	Reduction	Reduction	
	I, col. 26)		Cost (col. 1 -		Amount	
	1, 601. 20)	11 001. 20)	col. 2)		741104111	
	1.00	2.00		4. 00	5. 00	
ANOLLI ADV. CEDVI OF COCT OFNITEDO	1.00	2.00	3. 00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS				_1	_	
50.00   05000   OPERATI NG ROOM	33, 737, 614			0	0	50.00
51.00   05100   RECOVERY ROOM	4, 039, 615	250, 221	3, 789, 394	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	4, 877, 853	183, 452	4, 694, 401	0	0	52.00
54. 00   05400 RADI OLOGY-DI AGNOSTI C	14, 174, 275	1, 049, 390	13, 124, 885	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	7, 287, 978			o	0	55. 00
57. 00   05700   CT   SCAN	5, 720, 411	221, 536		0	0	57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	2, 619, 639			Ö	Ö	58. 00
		761, 372		- 1	0	59. 00
	10, 580, 714	· ·		0		
60. 00   06000   LABORATORY	15, 025, 799			U	0	60. 00
64.00 06400 INTRAVENOUS THERAPY	878, 817	19, 900		0	0	64. 00
65. 00  06500 RESPI RATORY THERAPY	11, 465, 358	237, 273	11, 228, 085	0	0	65. 00
66. 00   06600   PHYSI CAL THERAPY	12, 182, 654	511, 026	11, 671, 628	0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	2, 951, 468	51, 043	2, 900, 425	o	0	67.00
68. 00 06800 SPEECH PATHOLOGY	1, 008, 540			O	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	7, 779, 474	222, 782		0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	2, 272, 999			0	0	70. 00
				0		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 621, 859			0	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28, 911, 795			0	0	72. 00
73.00   07300   DRUGS CHARGED TO PATIENTS	106, 704, 144	1, 060, 611	105, 643, 533	0	0	73. 00
74.00   07400   RENAL DIALYSIS	1, 504, 330	15, 614	1, 488, 716	0	0	74.00
76. 00   03330   ENDOSCOPY	907, 144	23, 674	883, 470	o	0	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 079, 442			0	0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	3, 307, 344	489, 742	1 ' '	0	0	76. 03
76. 04 03952 WOUND CARE CENTER	4, 293, 971	216, 721	1	0	0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	53, 918, 227			0	0	76. 05
		2, 252, 946		U		
76. 06   03953   I MAGI NG CENTERS	10, 602, 260			U	0	76. 06
76.07 03954 BREAST DIAGNOSTIC CENTER	1, 925, 367	69, 854		0	0	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 480, 797	239, 757		0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1, 438, 396	76, 435	1, 361, 961	0	0	76. 98
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	O	o	0	89. 00
90. 00   09000   CLI NI C	0	1		0	0	90. 00
90. 01 04950 DI ABETI C CARE CENTER	0	0		0	0	90. 01
90. 02 04951 HEALTHY HEARTS CENTER	1	100 242	/ 00/ 0/1	0	0	90. 01
	6, 284, 403	198, 342		٩		
90. 03   09001   CLI NI C	0	0	0	0	0	90. 03
90. 04   04953   SPI NE CENTER	0	0	0	0	0	90. 04
90.05 O4954 INFUSION CENTERS	1, 285, 020	69, 870	1, 215, 150	0	0	90. 05
90. 06   09002   MEDCHECK CLINICS	0	0	0	0	0	90.06
90. 07   09003   KNEE CENTER	7, 806, 726	395, 876	7, 410, 850	o	0	90. 07
90. 08   09004   PALLI ATI VE CARE	29, 417	192		0	0	90. 08
90. 10 09006 WORK SITE CLINICS	0	0		0	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE				0	0	90. 12
	42 020 450	1 221 220	41 707 212	0	0	
91. 00 09100 EMERGENCY	43, 028, 450			U <sub>1</sub>		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	10, 565, 234	427, 554	10, 137, 680	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00   09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98. 00
200.00 Subtotal (sum of lines 50 thru 199)	460, 297, 534	15, 831, 989	444, 465, 545	0	0	200. 00
201.00 Less Observation Beds	10, 565, 234			0	0	201. 00
202.00 Total (line 200 minus line 201)	449, 732, 300			0		202. 00
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,		,,,	٥١		

Health Financial Systems COMMUNITY HOSPIT CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF Peri od: Worksheet C
From 01/01/2016 Part II
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Provider CCN: 15-0074 REDUCTIONS FOR MEDICALD ONLY

-		Ti +I	e XIX	Hospi tal	PPS	4 4111
Cost Center Description	Cost Net of	Total Charges	Outpati ent	поэрг саг	113	
cost center bescription			Cost to Charge			
	Operating Cost	(WOI KSHEEL C,	Cost to charge			
			Katio (coi. 6			
	Reduction	8)	/ col . 7)			
	6. 00	7. 00	8. 00			
ANCILLARY SERVICE COST CENTERS						4
50.00   05000   OPERATING ROOM	33, 737, 614	118, 504, 662				50.00
51.00   05100   RECOVERY ROOM	4, 039, 615	14, 423, 151	0. 280079			51. 00
52.00  05200   DELIVERY ROOM & LABOR ROOM	4, 877, 853	6, 024, 113	0. 809721			52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	14, 174, 275	55, 329, 075	0. 256181			54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	7, 287, 978	15, 913, 064	0. 457987			55.00
57. 00  05700 CT SCAN	5, 720, 411	74, 371, 428	0. 076917			57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 619, 639	18, 287, 040	0. 143251			58. 00
59. 00   05900 CARDI AC CATHETERI ZATI ON	10, 580, 714	144, 777, 235	0. 073083			59. 00
60. 00   06000   LABORATORY	15, 025, 799	139, 819, 705	0. 107466			60.00
64. 00 06400 I NTRAVENOUS THERAPY	878, 817	1, 140, 033				64. 00
65. 00 06500 RESPIRATORY THERAPY	11, 465, 358	27, 666, 636				65. 00
66. 00 06600 PHYSI CAL THERAPY	12, 182, 654	22, 874, 521	0. 532586			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	2, 951, 468	5, 845, 992	0. 532388			67. 00
68. 00 06800 SPEECH PATHOLOGY	1, 008, 540	2, 023, 647	0. 498377			68. 00
69. 00 06900 ELECTROCARDI OLOGY	7, 779, 474	44, 210, 749				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	2, 272, 999	6, 739, 665	0. 337257			70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 621, 859	67, 549, 837	0. 290480			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28, 911, 795	62, 536, 131	0. 462321			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	106, 704, 144	515, 566, 001	0. 206965			73. 00
74.00  07400 RENAL DIALYSIS	1, 504, 330	3, 404, 295	0. 441892			74. 00
76. 00   03330   ENDOSCOPY	907, 144	3, 918, 508	0. 231502			76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 079, 442	8, 928, 068	2. 137018			76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	3, 307, 344	671, 860	4. 922668			76. 03
76.04 03952 WOUND CARE CENTER	4, 293, 971	10, 390, 538				76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	53, 918, 227	168, 015, 700				76. 05
76. 06   03953   I MAGI NG CENTERS	10, 602, 260	42, 830, 929				76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	1, 925, 367	3, 138, 947				76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 480, 797	3, 426, 162				76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1, 438, 396	4, 224, 156	0. 340517			76. 98
	1, 430, 390	4, 224, 130	0. 340317			70.90
0UTPATIENT SERVICE COST CENTERS  88.00   08800   RURAL HEALTH CLINIC			0.000000			1 00 00
	0	0	0.000000			88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0. 000000			89. 00
90. 00   09000   CLI NI C	0	0	0. 000000			90.00
90. 01 04950 DIABETIC CARE CENTER	0	0	0. 000000			90. 01
90. 02 04951 HEALTHY HEARTS CENTER	6, 284, 403	4, 383, 991	1. 433489			90. 02
90. 03   09001   CLI NI C	0	0	0. 000000			90. 03
90. 04   04953   SPI NE CENTER	0	0	0.000000			90. 04
90. 05   04954   I NFUSI ON CENTERS	1, 285, 020	2, 652, 971	0. 484370			90. 05
90. 06   09002   MEDCHECK   CLINICS	0	0	0.000000			90.06
90. 07   09003   KNEE CENTER	7, 806, 726	5, 308, 680	1. 470559			90. 07
90. 08 09004 PALLIATIVE CARE	29, 417	2, 407	12. 221437			90. 08
90. 10 09006 WORK SITE CLINICS	0	0	0.000000			90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000			90. 12
91. 00   09100   EMERGENCY	43, 028, 450	201, 549, 074				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	10, 565, 234	8, 025, 322	1. 316487			92.00
OTHER REIMBURSABLE COST CENTERS	.0,000,204	3, 323, 322				1 .2.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000			98. 00
200.00 Subtotal (sum of lines 50 thru 199)	-1	1, 814, 474, 293				200.00
201.00 Less Observation Beds	10, 565, 234	1,014,414,293				201.00
		1 014 474 202				
202.00   Total (line 200 minus line 201)	447, /32, 300	1, 814, 474, 293	I I			202. 00

Health Financial Systems	OMMUNITY HOSPITAL	OF INDIANA, II	NC.	In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPIT	AL COSTS	Provi der C		Peri od:	Worksheet D	
				From 01/01/2016 To 12/31/2016		nared:
			'	12/31/2010	2/27/2017 9: 4	
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col.			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 ADULTS & PEDI ATRI CS	4, 823, 278		4, 823, 278			
31.00   INTENSIVE CARE UNIT	750, 374		750, 374			1
32.00 CORONARY CARE UNIT	534, 187	l control of the cont	534, 187			1
43. 00 NURSERY	443, 634	1	443, 634		•	
200.00 Total (lines 30-199)	6, 551, 473		6, 551, 473	80, 134		200. 00
Cost Center Description	I npati ent	I npati ent				
	Program days					
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	18, 395					30.00
31. 00   INTENSIVE CARE UNIT	2, 373		1			31.00
32. 00   CORONARY CARE UNIT	2, 180		1			32.00
43. 00 NURSERY	0	1	1			43. 00
200.00 Total (lines 30-199)	22, 948	1, 858, 836	p			200. 00

		UNITY HUSPITAL				u or Form CNS-2	2552-10
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	F	eriod: rom 01/01/2016 o 12/31/2016	Worksheet D Part II Date/Time Pre 2/27/2017 9:4	pared:
						2/27/2017 9: 4	4 am
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal		Ratio of Cost	I npati ent	Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 + col.	Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	2, 264, 575	118, 504, 662	0. 019110	34, 861, 222	666, 198	50.00
51.00	05100 RECOVERY ROOM	250, 221	14, 423, 151	0. 017349	3, 041, 256	52, 763	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183, 452		•		1, 583	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 049, 390				85, 140	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	349, 834				61, 729	55. 00
57. 00	05700 CT SCAN	221, 536				21, 738	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	222, 561	18, 287, 040			19, 853	58.00
59. 00	05900 CARDIAC CATHETERIZATION	761, 372					
60.00	06000 LABORATORY	285, 765					60.00
64.00	06400 I NTRAVENOUS THERAPY	19, 900					64.00
65. 00	06500 RESPI RATORY THERAPY	237, 273				81, 964	65. 00
66. 00	06600 PHYSI CAL THERAPY	511, 026				39, 717	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	51, 043					67. 00
68. 00	06800 SPEECH PATHOLOGY	17, 412					68. 00
69. 00	06900 ELECTROCARDI OLOGY	222, 782	44, 210, 749	0. 005039	4, 748, 993	23, 930	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	90, 417	6, 739, 665	0. 013416	653, 551	8, 768	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	329, 815	67, 549, 837	0. 004883	15, 270, 549	74, 566	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	486, 227	62, 536, 131	0.007775	17, 285, 043	134, 391	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1, 060, 611	515, 566, 001	0. 002057	25, 931, 104	53, 340	73. 00
74.00	07400 RENAL DIALYSIS	15, 614					74. 00
76.00	03330 ENDOSCOPY	23, 674			138, 314	836	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	824, 723				0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	489, 742				Ö	76. 03
76. 04	03952 WOUND CARE CENTER	216, 721	10, 390, 538			297	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	2, 252, 946				7, 761	1
76. 06	03953 I MAGI NG CENTERS	594, 239				238	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	69, 854				28	
76. 97	07697 CARDIAC REHABILITATION	239, 757				37	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	76, 435				<b>l</b>	1
70. 90	OUTPATIENT SERVICE COST CENTERS	70, 433	4, 224, 130	0.016093	0	0	70.90
00 00			1 0	0.000000		0	88. 00
88.00	08800 RURAL HEALTH CLINIC	0				•	1
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1			0	89. 00
90.00	09000 CLINIC	0	0	0. 000000		1	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	0.000000		0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	198, 342				0	90. 02
90. 03	09001 CLI NI C	0	0			0	90. 03
90.04	04953 SPI NE CENTER	0	0	0.000000		0	90. 04
90.05	04954 I NFUSI ON CENTERS	69, 870	2, 652, 971	0. 026337	0	0	90. 05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	395, 876	5, 308, 680	0. 074571	0	0	90. 07
90. 08	09004 PALLI ATI VE CARE	192				0	90. 08
90. 10	09006 WORK SITE CLINICS	0		1		0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	Ö		0. 000000		Ö	90. 12
91. 00	09100 EMERGENCY	1, 321, 238					91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	427, 554				31, 565	92.00
7Z. UU	OTHER REIMBURSABLE COST CENTERS	427,334	1 0,020,322	0.053270	J72, 4/2	31,303	72.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98. 00
200.00			1, 814, 474, 293		197, 504, 102		
200. UC	/	13,031,709	1,014,474,293	I	177, 304, 102	1,003,070	<sub>1</sub> 200.00

Health Financial Systems COMM	MUNITY HOSPITAL	OF INDIANA, II	NC.	In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provider C	CN: 15-0074	Peri od:	Worksheet D	
				From 01/01/2016		
				To 12/31/2016		pared:
					2/27/2017 9: 4	<u>4 am</u>
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health		Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
					minus col. 4)	
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDIATRICS	0	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		0	0	31.00
32. 00 03200 CORONARY CARE UNIT	0	0		0	0	32. 00
43. 00 04300 NURSERY	0	ol o	)	o	0	43.00
200.00 Total (lines 30-199)	0		,	0	l o	200.00
Cost Center Description	Total Patient	Per Diem (col.	Inpatient	Inpati ent		
	Days	5 ÷ col . 6)	Program Days			
				Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6, 00	7. 00	8, 00	9, 00		
INPATIENT ROUTINE SERVICE COST CENTERS				1.00	I	
30. 00 03000 ADULTS & PEDIATRICS	63, 783	0.00	18, 39	5 0		30.00
31. 00 03100 I NTENSI VE CARE UNI T	6, 351	<b>I</b>				31. 00
32. 00 03200 CORONARY CARE UNIT	6, 213	<b>I</b>				32.00
43. 00 04300 NURSERY	3, 787					43. 00
		•	l .	ٽ -		
200.00   Total (lines 30-199)	80, 134	1	22, 94	8 0	1	200. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2016 | Part IV | To 12/31/2016 | Date/Time Prepared: 2/27/2017 9:44 am Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC.

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0074 THROUGH COSTS

Non-Physician   Nursing School   Allied Health   Allied Heal						2/27/2017 9: 4	4 am
ANCILLARY SERVICE COST CENTERS							
ANCILLARY SERVICE COST CENTERS	Cost Center Description		Nursing School	Allied Health			
ANCILLARY SERVICE COST CENTERS							
MACILLARY SERVICE COST CENTERS		Cost			Education Cost		
MACILLARY SERVICE COST CENTERS							
50.00   050000   0FEATH NG ROOM	ANOLILIARY OFFICE COOT OFFITERS	1.00	2. 00	3. 00	4. 00	5. 00	
15.1 0.0   05.100   05.00					ار	0	FO 00
S2 00   05200   DELLYRRY ROOM & LABOR ROOM   0   0   0   0   0   0   0   0   0		1	-	1	_		
54. 00   OS-400   RADIOLOGY-DI AGNOSTIC   O O O O O O O O   55. 00			0		_		
55.00   05500   AADIOLOGY-THERAPEUTIC		0	0				
57.00   OSTOO   CT SCAN   O		0	0				
88. 00   OSBOO   MAGNETI C RESONANCE I IMAGI NG (MRI )		0	0				
59.00   05900   CARDI AC CATHETERI ZATION   0   0   0   0   0   0   59.00		0	0				
60.00   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000		0	0				
64.00   0.400   INTRAVENOUS THERAPY   0   0   0   0   0   0   0   0   0		0	0				
65.00   0.50		0	0				
66.00   06600   PHYSI CAL THERAPY   0   0   0   0   0   0   0   0   0		0	0				
67. 00   06700   0CCUPATIONAL THERAPY   0   0   0   0   0   0   0   0   0		0	0				
68.00   06800   SPEECH PATHOLOGY   0   0   0   0   68.00   69.00   06900   ELECTROCARDI OLLOGY   0   0   0   0   0   69.00   70.00   07000   CALCETROCARDI OLLOGY   0   0   0   0   0   0   0   71.00   07100   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   71.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74.00   07400   REVAL DIALYSIS   0   0   0   0   0   0   0   76.00   03330   ENDOSCOPY   0   0   0   0   0   0   0   0   76.01   03550   PSYCHI ATRI CZPSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   76.01   03550   PSYCHI ATRI CZPSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   76.03   03951   LUTHLERWOOD PARTNERSHI P   0   0   0   0   0   0   0   0   0		0	0				
69.00   06900		0	0				
70. 00   07000   CHECTROENCEPHALOGRAPHY   0   0   0   0   0   0   0   0   0		0	0				
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSI S   0   0   0   0   0   0   0   76. 00   03330   ENDOSCOPY   0   0   0   0   0   0   0   0   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   76. 04   03952   WOUND CARE CENTER   0   0   0   0   0   0   0   0   76. 05   03490   ONCOLOGY-CANCER CARE CENTER   0   0   0   0   0   0   0   0   76. 06   03953   IMAGIN G CENTERS   0   0   0   0   0   0   0   0   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   0   0   0   0   0   0   0   0   76. 98   07698   HYPERBARI C DAYGEN THERAPY   0   0   0   0   0   0   0   0   0   76. 98   07698   HYPERBARI C DAYGEN THERAPY   0   0   0   0   0   0   0   0   79. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   0   0   79. 01   04955   DI ABETI C CARE CENTER   0   0   0   0   0   0   0   79. 02   04951   HEALTH CLINI C   0   0   0   0   0   0   0   79. 02   04954   INFUSE CENTER   0   0   0   0   0   0   0   79. 03   09001   CLINI C   0   0   0   0   0   0   0   79. 04   04953   SPINE CENTER   0   0   0   0   0   0   0   79. 04   04953   SPINE CENTER   0   0   0   0   0   0   0   79. 05   04954   INFUSION CENTERS   0   0   0   0   0   0   79. 07   09004   PALLI ATIVE CENTER   0   0   0   0   0   0   79. 08   09004   PALLI ATIVE CARE   0   0   0   0   0   0   79. 09   09006   WORK SITE CLINI CS   0   0   0   0   0   0   79. 09   09006   WORK SITE CLINI CS   0   0   0   0   0   0   79. 09   09006   WORK SITE CLINI CS   0   0   0   0   0   0   79. 09   09006   WORK SITE CLINI CS   0   0   0   0   0   0   79. 09   09006   OTHER REI MBURSABLE COST CENTERS   0   0   0   0   0   0   70. 00   00006   00006   00006   00006   00006   00006   00006   00006   00006   00006   0		0	0		0		
72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   1,014,693   0   1,014,693   73. 00   74. 00   07400   RENAL DI ALYSIS   0   0   0   0   0   0   74. 00   75. 00   03330   ENDOSCOPY   0   0   0   0   0   0   0   76. 00   76. 01   03550   PSYCHI ATRIC (*PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   0   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   0   0   0   0   0   0   0		0	0		0		
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   1,014,693   0   1,014,693   73. 00   74. 00   07400   RENAL DI ALYSI S   0   0   0   0   0   0   0   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   0   0   0   0   0   76. 04   03952   WOUND CARE CENTER   0   0   0   0   0   0   0   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   0   0   0   0   0   0   76. 06   03953   IMAGINER MG CENTERS   0   0   0   0   0   0   0   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   0   0   0   0   0   0   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   0   0   0   0   0   0   76. 97   07697 (ARDIA CREHABL LITATION   0   0   0   0   0   0   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   79. 00   09900   EDBRALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   79. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   79. 02   04951   HEALTHY CARE   0   0   0   0   0   0   79. 03   09001   CLINIC   0   0   0   0   0   79. 04   04953   SPINE CENTER   0   0   0   0   0   79. 05   04954   INFUSION CENTERS   0   0   0   0   0   79. 06   09002   MEDICACE CLINIC S   0   0   0   0   79. 07   09003   KNEE CENTER   0   0   0   0   0   79. 08   09004   PALLITATIVE CARE   0   0   0   0   0   79. 09   09004   PALLITATIVE CARE   0   0   0   0   0   79. 01   04950   WORK SITE CLINIC S   0   0   0   0   0   79. 02   04961   HANTLY PRACTICE AND MATERNITY CARE   0   0   0   0   0   79. 02   09004   PALLITATIVE CARE   0   0   0   0   0   0   79. 03   09004   PALLITATIVE CARE   0   0   0   0   0   0   79. 04   04961   FAMILLY PRACTICE AND MATERNITY CARE   0   0   0   0   0   0   79. 07   09005   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   70. 07   07005   07005   07005   07005   07005   07005   07005   07005   07005   70. 08   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005   07005		0	0		0		
74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 74. 00 76. 00 03330 ENDOSCOPY 0 0 0 0 0 0 0 76. 00 76. 01 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 0 0 0 0 0 0 0 0 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 0 0 0 0 0 0 76. 01 76. 04 03952 WOUND CARE CENTER 0 0 0 0 0 0 0 0 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 0 0 0 0 0 0 0 76. 05 76. 06 03953 IMAGI NG CENTERS 0 0 0 0 0 0 0 0 76. 05 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 0 0 0 0 0 0 0 76. 07 76. 97 07697 CARDI AC REHABILI TATI ON 0 0 0 0 0 0 0 76. 07 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 97 88. 00 08800 RURAL HEALTH CLINI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		0		
76. 00   03330   ENDOSCOPY   0   0   0   0   0   0   76. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   76. 03   76. 04   03952   WOUND CARE CENTER   0   0   0   0   0   0   76. 03   76. 04   03952   WOUND CARE CENTER   0   0   0   0   0   0   76. 03   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   0   0   0   0   0   76. 05   76. 06   03953   IMAGI NG CENTERS   0   0   0   0   0   0   76. 05   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   0   0   0   0   0   76. 07   76. 97   07697   CARDI AC REHABI LITATION   0   0   0   0   0   0   76. 07   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   0   76. 97   89. 00   08800   RURAL HEALTH CLINI C   0   0   0   0   0   0   0   0   89. 00   08900   EDERALLY QUALL FIED HEALTH CENTER   0   0   0   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   0   0   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   0   0   90. 03   9001   CLINI C   0   0   0   0   0   0   0   0   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   0   90. 05   04954   INFUSION CENTERS   0   0   0   0   0   0   90. 06   09000   MORK SI TE CLINI CS   0   0   0   0   0   0   90. 07   09000   MORK SI TE CLINI CS   0   0   0   0   0   0   90. 08   09000   MORK SI TE CLINI CS   0   0   0   0   0   0   90. 09   09000   DOSSENVATI ON BEDS (NON-DISTINCT PART)   0   0   0   1, 341, 227   91. 00   90. 00   09000   DSSENVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   90. 00   09050   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   90. 00   09050   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   0   90. 00   09050   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   0   90. 00   09050   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   0   90. 00   09050   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0   0   0   90. 00   09050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050   00050		0	0	1, 014, 693	0		
76. 01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 0 0 0 0 0 0 0 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHIP 0 0 0 0 0 0 76. 03 76. 04 03952 WOUND CARE CENTER 0 0 0 0 0 0 0 76. 03 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 0 0 0 0 0 0 0 76. 05 76. 06 03953 IMAGING CENTERS 0 0 0 0 0 0 0 0 76. 05 76. 07 03954 BREAST DI AGNOSTIC CENTER 0 0 0 0 0 0 0 76. 07 76. 97 07697 CARDIAC REHABILITATION 0 0 0 0 0 0 0 76. 97 76. 98 07098 HYPERBARIC OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 97 78. 90 07698 HYPERBARIC COXYGEN THERAPY 0 0 0 0 0 0 0 0 0 76. 98 88. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 88.00 99. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 88.00 99. 00 09000 CLINIC 0 0 0 0 0 0 0 0 0 90. 00 99. 01 04950 DIABETIC CARE CENTER 0 0 0 0 0 0 0 0 90. 01 99. 02 04951 HEALTHY HEARTS CENTER 0 0 0 0 0 0 0 0 90. 01 99. 03 09001 CLINIC 0 0 0 0 0 0 0 0 0 0 0 90. 02 99. 03 09001 CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		0		
76. 03   03951   LUTHERWOOD PARTNERSHI P		0	0		0		
76. 04   03952   WOUND CARE CENTER		0	0		0		
76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   0   0   0   0   0   76. 05   76. 06   03953   IMAGI NG CENTERS   0   0   0   0   0   0   76. 06   76. 07   03954   BREAST DI AGNOSTIC CENTER   0   0   0   0   0   0   0   76. 97   07697   CARDI AC REHABI LITATI ON   0   0   0   0   0   0   76. 97   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   88. 00   08900   RURAL HEALTH CLINIC   0   0   0   0   0   88. 00   89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   90. 03   09001   CLINIC   0   0   0   0   0   0   90. 04953   SPI NE CENTER   0   0   0   0   0   90. 05   04954   INFUSI ON CENTERS   0   0   0   0   0   90. 06   09002   MEDICHECK CLINICS   0   0   0   0   90. 07   09003   MEDICHECK CLINICS   0   0   0   0   90. 08   09004   PALLI ATI VE CARE   0   0   0   0   90. 09   09000   ONDO ONDO ONDO ONDO ONDO ONDO ONDO ON		0	0		0		
76. 06   03953   IMAGING CENTERS   0   0   0   0   0   0   76. 06     76. 07   03954   BREAST DI AGNOSTIC CENTER   0   0   0   0   0   0   0   76. 07     76. 97   07697   CARDI AC REHABILITATION   0   0   0   0   0   0   0   76. 97     76. 98   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   0   0     76. 98   OSSON RIVARL HEALTH CLINIC   0   0   0   0   0   0   0   0     89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   0   0     90. 00   09000   CLINIC   0   0   0   0   0   0   0   0     90. 01   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   0     90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   0   0     90. 03   09001   CLINIC   0   0   0   0   0   0   0   0     90. 04   04953   SPINE CENTER   0   0   0   0   0   0   0   0     90. 05   04954   INFUSION CENTERS   0   0   0   0   0   0   0     90. 06   09002   MENCHECK CLINICS   0   0   0   0   0   0     90. 07   09003   KNEE CENTER   0   0   0   0   0   0   0     90. 08   09004   PALLIATIVE CARE   0   0   0   0   0   0     90. 10   09006   WORK SITE CLINICS   0   0   0   0   0   0     90. 10   09100   EMERGENCY   0   0   0   0   0   0   0     90. 00   09200   OSSENVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0     90. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0     90. 01   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0    90. 01   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0    90. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0    90. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0    90. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   0    90. 00   00   00   00   0   0   0    90. 00   00   00   0   0   0   0    90. 00   00   00   00   0   0    90. 00   00   00   0   0   0    90. 00   00   00   00   0    90. 00   00   00   0   0   0    90. 00   00   00   00   0    90. 00   00   00   00   0    90. 00   00   00   00   00    90. 00   00   00   00   00    90. 00   00   00   00    90. 00   00		0	0		0	-	
76. 07		0	0		0		
76. 97   07697   CARDIAC REHABILITATION   0   0   0   0   0   0   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   0   00   0		0	0				
76. 98 O7698 HYPERBARI C OXYGEN THERAPY O O O O O O O O O O O O O O O O O O O		0	0				
SR. 00   OBBOO  RURAL HEALTH CLINIC   O   O   O   O   O   O   O   O   O		1	0		-		
88. 00	76. 98 U/698 HYPERBARI C UXYGEN THERAPY	J U	0		)	0	76. 98
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 89. 00 90. 00 09000 CLINI C 0 0 0 0 0 0 0 90. 00 90. 01 04950 DI ABETI C CARE CENTER 0 0 0 0 0 0 0 90. 01 90. 02 04951 HEALTHY HEARTS CENTER 0 0 0 0 0 0 0 90. 02 90. 03 09001 CLINI C 0 0 0 0 0 0 0 0 90. 03 90. 04 04953 SPINE CENTER 0 0 0 0 0 0 0 0 90. 03 90. 04 04953 SPINE CENTER 0 0 0 0 0 0 0 0 90. 03 90. 05 04954 I NFUSI ON CENTERS 0 0 0 0 0 0 0 90. 05 90. 06 09002 MEDCHECK CLINI CS 0 0 0 0 0 0 0 90. 05 90. 07 09003 KNEE CENTER 0 0 0 0 0 0 0 90. 06 90. 08 09004 PALLI ATI VE CARE 0 0 0 0 0 0 0 90. 08 90. 10 09006 WORK SI TE CLINI CS 0 0 0 0 0 0 0 90. 10 90. 12 04961 FAMI LY PRACTI CE AND MATERNI TY CARE 0 0 0 1, 341, 227 0 1, 341, 227 91. 00 91. 00 09000 DESERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 98. 00  THER REI MBURSABLE COST CENTERS			0			0	88 00
90. 00   09000   CLI NI C   0   0   0   0   0   0   0   90. 00   90. 00   90. 01   90. 01   90. 02   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   90. 01   90. 02   90. 03   09001   CLI NI C   0   0   0   0   0   0   0   90. 02   90. 03   90. 04   90. 93   SPI NE CENTER   0   0   0   0   0   0   0   90. 03   90. 04   90. 95   04954   INFUSI ON CENTERS   0   0   0   0   0   0   0   90. 05   90. 05   04954   INFUSI ON CENTERS   0   0   0   0   0   0   90. 05   90. 06   90.02   MEDCHECK CLI NI CS   0   0   0   0   0   0   90. 06   90. 07   90. 08   09004   PALLI ATI VE CARE   0   0   0   0   0   0   90. 08   90. 10   90. 06   90. 12   90. 06   90. 07   90. 08   90. 10   90. 06   90. 07   90. 08   90. 10   90. 06   90. 07   90. 08   90. 10   90. 06   90. 07   90. 08   90. 08		1	-	1	_		
90. 01		1	0		_		
90. 02			0				
90. 03   09001   CLI NI C   0   0   0   0   0   0   0   90. 03   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   90. 04   90. 05   04954   INFUSION CENTERS   0   0   0   0   0   0   0   90. 05   90. 06   09002   MEDCHECK CLI NI CS   0   0   0   0   0   0   0   0   90. 06   90. 07   09003   KNEE CENTER   0   0   0   0   0   0   0   0   0			0				
90. 04		0	0		ol ol		
90. 05		0	0		ol ol		
90. 06   09002   MEDCHECK CLINICS   0   0   0   0   0   0   90. 06   90. 07   09003   KNEE CENTER   0   0   0   0   0   0   90. 07   90. 08   09004   PALLIATIVE CARE   0   0   0   0   0   0   90. 08   90. 10   09006   WORK SITE CLINICS   0   0   0   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   0   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   1, 341, 227   0   1, 341, 227   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0THER REIMBURSABLE COST CENTERS   0   0   0   0   0   98. 00		0	0		ol ol		
90. 07   09003   KNEE CENTER   0 0 0 0 0 0 0 0 90. 07   90. 08   09004   PALLI ATI VE CARE   0 0 0 0 0 0 0 90. 08   90. 10   09006   WORK SITE CLINICS   0 0 0 0 0 0 0 0 90. 10   90. 12   04961   FAMI LY PRACTICE AND MATERNITY CARE   0 0 0 0 0 0 0 0 90. 12   91. 00   09100   EMERGENCY   0 0 0 1, 341, 227   0 1, 341, 227   91. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0 0 0 0 0 0 0 0 0 92. 00   0THER REI MBURSABLE COST CENTERS   0 0 0 0 0 0 0 98. 00		0	0		ol ol		
90. 08   09004   PALLIATIVE CARE   0   0   0   0   0   0   90. 08   90. 10   09006   WORK SITE CLINICS   0   0   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   1,341,227   0   1,341,227   91. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0THER REIMBURSABLE COST CENTERS   0   0   0   0   0   98. 00		0	0	ĺ	ol ol		
90. 10   09006   WORK SITE CLINICS   0   0   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   1, 341, 227   0   1, 341, 227   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0THER REIMBURSABLE COST CENTERS   0   0   0   0   0   98. 00		0	0	ĺ	ol ol		
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   0   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   1, 341, 227   0   1, 341, 227   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0THER REIMBURSABLE COST CENTERS   0   0   0   0   0   98. 00		0	0		ol ol		
91. 00   09100   EMERGENCY   0   0   1, 341, 227   0   1, 341, 227   0   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0		0	0		ol ol	0	
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   92. 00		0	0	1. 341. 227	ol		
OTHER REI MBURSABLE COST CENTERS         O         O         O         O         O         98.00           98.00         O9850         OTHER REI MBURSABLE COST CENTERS         O         O         O         O         O         O         98.00			0				
98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   0   98. 00					<u> </u>		
		0	0	C	0	0	98. 00
	200.00   Total (lines 50-199)	0	0	2, 355, 920	ol ol	2, 355, 920	200. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet D |
| From 01/01/2016 | Part IV |
| To 12/31/2016 | Date/Time Prepared: | 2/27/2017 9:44 am | Health Financial Systems COMMUNITY HOSPITAL OF APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0074 THROUGH COSTS

				'	0 12/01/2010	2/27/2017 9: 4	4 am
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Total	Total Charges	Ratio of Cost	Outpati ent	Inpati ent	
	·	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
		Cost (sum of	Part I, col.	(col. 5 ÷ col.	to Charges	Charges	
		col. 2, 3 and	8)	7)	(col. 6 ÷ col.	Ü	
		4)	ĺ	ĺ	7)		
		6.00	7. 00	8.00	9. 00	10.00	
	ANCILLARY SERVICE COST CENTERS	'					
50.00	05000 OPERATING ROOM	0	118, 504, 662	0.000000	0.000000	34, 861, 222	50.00
51.00	05100 RECOVERY ROOM	0	14, 423, 151	0.000000	0. 000000	3, 041, 256	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6, 024, 113	0.000000	0. 000000	51, 991	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	55, 329, 075	0.000000	0. 000000	4, 489, 105	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	15, 913, 064	0.000000	0. 000000	2, 807, 910	55. 00
57.00	05700 CT SCAN	0	74, 371, 428	0.000000	0. 000000	7, 297, 029	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18, 287, 040	0.000000	0. 000000	1, 631, 304	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	144, 777, 235	0.000000	0. 000000	22, 858, 806	59. 00
60.00	06000 LABORATORY	0	139, 819, 705	0. 000000	0. 000000	25, 451, 310	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	1, 140, 033	0.000000	0. 000000	431, 028	64.00
65.00	06500 RESPIRATORY THERAPY	0	27, 666, 636		0. 000000	9, 557, 317	65. 00
66.00	06600 PHYSI CAL THERAPY	0	22, 874, 521	0. 000000	0. 000000	1, 777, 857	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	5, 845, 992		0. 000000	1, 308, 373	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	2, 023, 647		0. 000000	291, 316	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	44, 210, 749		0. 000000	4, 748, 993	69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	6, 739, 665		0. 000000	653, 551	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67, 549, 837	0. 000000	0. 000000	15, 270, 549	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	62, 536, 131	0. 000000	0. 000000	17, 285, 043	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	1, 014, 693		0. 001968		25, 931, 104	73. 00
74. 00	07400 RENAL DI ALYSI S	0	3, 404, 295		0. 000000	1, 963, 608	74. 00
76. 00	03330 ENDOSCOPY	0	3, 918, 508		0. 000000	138, 314	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	8, 928, 068		0. 000000	0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	671, 860		0. 000000	0	76. 03
76. 04	03952 WOUND CARE CENTER	0	10, 390, 538		0. 000000	14, 241	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	168, 015, 700		0. 000000	578, 762	76. 05
76. 06	03953 I MAGI NG CENTERS	0	42, 830, 929		0. 000000	17, 127	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	3, 138, 947			1, 269	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	0	3, 426, 162		0. 000000	526	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0				0	76. 98
70.70	OUTPATIENT SERVICE COST CENTERS		1/221/100	0.00000	0.00000		70.70
88. 00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0. 000000	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	Ö			0	89. 00
90.00	09000 CLI NI C	0	Ö			0	90. 00
90. 01	04950 DI ABETI C CARE CENTER	0	0			0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	0	4, 383, 991	0. 000000	0. 000000	0	90. 02
90. 03	09001 CLI NI C	0	0		0. 000000	0	90. 03
90. 04	04953 SPINE CENTER	0	0		0. 000000	0	90. 04
90. 05	04954 I NFUSI ON CENTERS	0	2, 652, 971	0. 000000	0. 000000	0	90. 05
90. 06	09002 MEDCHECK CLINICS	0	2,002,771		0. 000000	0	90.06
90. 07	09003 KNEE CENTER	0	5, 308, 680		0. 000000	0	90. 07
90. 08	09004 PALLI ATI VE CARE	0	2, 407	0. 000000	0. 000000	0	90.07
90. 10	09006 WORK SITE CLINICS	0	2,407	1	0. 000000	0	90. 10
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE		0			0	90. 10
91. 00	09100 EMERGENCY	1, 341, 227	201, 549, 074			14, 452, 719	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 341, 227		0.000000	0. 000000	592, 472	92.00
7Z. UU	OTHER REIMBURSABLE COST CENTERS		0,025,322	0.00000	0.000000	372,472	7Z. UU
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0. 000000	0	98. 00
200.00	l l	-	1, 814, 474, 293		0.000000	197, 504, 102	
200.00	1.55.6. (11165-00-177)	2,000,720	1 ., 51 1, 17 1, 275	ı	I I	177,001,102	_50.00

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2016 Part IV
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Health Financial Systems COMMUNITY HOSPITAL OF APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0074 THROUGH COSTS

					12/01/2010	2/27/2017 9: 44 am
			Title	: XVIII	Hospi tal	PPS
	Cost Center Description	I npati ent	Outpati ent	Outpati ent		
	·	Program	Program	Program		
		Pass-Through	Charges	Pass-Through	1	
		Costs (col. 8	ŭ	Costs (col.	9	
		x col. 10)		x col. 12)		
		11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5, 307, 583		0	50.00
51.00	05100 RECOVERY ROOM	0	3, 704, 071		0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	o	0	1	0	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	o	11, 277, 309		0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	ol	7, 061, 501		0	55. 00
57. 00	05700 CT SCAN		12, 931, 285		o	57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)		3, 764, 187	1	o	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON		31, 903, 863	1	0	59.00
60. 00	06000 LABORATORY		17, 770, 830		0	60.00
64. 00	06400 I NTRAVENOUS THERAPY		17, 770, 650	ı	0	64. 00
	06500 RESPIRATORY THERAPY		-		0	
65. 00		0	371, 208	1		65. 00
66.00	06600 PHYSI CAL THERAPY	0	44, 677	1	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	26, 672	1	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	2, 307		0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	9, 515, 118		0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3, 408, 282		0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7, 858, 483		0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	8, 653, 329	1	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	51, 032	105, 572, 868	207, 76	07	73.00
74.00	07400 RENAL DIALYSIS	o	0	)	0	74. 00
76.00	03330 ENDOSCOPY	o	559, 247	1	0	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	o	0	1	0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	o	0	)	0	76. 03
76. 04	03952 WOUND CARE CENTER	o	5, 691, 706	,	0	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	o	53, 660, 873		0	76. 05
76. 06	03953 I MAGI NG CENTERS	o	10, 449, 391		0	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	o	62, 343	1	0	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	0	1, 653, 395	1	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	o	1, 288, 548		0	76. 98
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	,	'		
88. 00	08800 RURAL HEALTH CLINIC	0	0		0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	)	0	89. 00
90.00	09000 CLI NI C	o	0	1	0	90.00
90. 01	04950 DI ABETI C CARE CENTER	o	0	1	0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	o	1, 873, 995		0	90. 02
90. 03	09001 CLI NI C	o	0	)	0	90. 03
90. 04	04953 SPI NE CENTER	o	0	)	0	90. 04
90. 05	04954 INFUSION CENTERS	o	729, 906	,	0	90. 05
90. 06	09002 MEDCHECK CLINICS	0	0	1	0	90. 06
90. 07	09003 KNEE CENTER		4, 867		0	90. 07
90. 08	09004 PALLI ATI VE CARE		1, 007	1	0	90. 08
90. 10	09006 WORK SITE CLINICS		0		0	90. 10
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE		0		0	90. 10
91. 00	09100 EMERGENCY	96, 183	22, 240, 000	148, 00		91. 00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	90, 183	2, 621, 806	1	0	91.00
7Z. UU	OTHER REIMBURSABLE COST CENTERS	<u> </u>	2,021,000	1	<u></u>	72.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	1	0	98. 00
200.00	1 1	147, 215	330, 009, 650	1	-	200. 00
200.00	10101 (11103 30 177)	147,213	330, 007, 030	1 333,77	.1	1200.00

Peri od:

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Worksheet D From 01/01/2016 Part V Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XVIII Hospi tal PPS Charges Costs Cost to Charge PPS Reimbursed Cost Center Description Cost Cost PPS Services Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Subject To Subject To Part I, col. Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 284694 5, 307, 583 1, 511, 037 50.00 51.00 05100 RECOVERY ROOM 0. 280079 3, 704, 071 0 0 51.00 1, 037, 433 05200 DELIVERY ROOM & LABOR ROOM 0 0 0.809721 52 00 52 00 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.256181 11, 277, 309 0 2, 889, 032 54.00 3, 234, 076 55.00 05500 RADI OLOGY-THERAPEUTI C 0. 457987 7, 061, 501 55.00 12, 931, 285 05700 CT SCAN 0.076917 0 0 994, 636 57 00 57 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 0.143251 3, 764, 187 539, 224 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.073083 31, 903, 863 0 2, 331, 630 59.00 60.00 06000 LABORATORY 0.107466 17, 770, 830 0 0 1, 909, 760 60.00 06400 INTRAVENOUS THERAPY 64 00 0 770870 0 64 00 0 65.00 06500 RESPIRATORY THERAPY 0.414411 371, 208 0 153, 833 65.00 06600 PHYSI CAL THERAPY 0.532586 12, 306 0 66.00 44, 677 23.794 66.00 0 06700 OCCUPATIONAL THERAPY 0.504870 13, 466 67.00 26, 672 C 67.00 0 1, 150 68 00 06800 SPEECH PATHOLOGY 0 498377 2, 307 68 00 69.00 06900 ELECTROCARDI OLOGY 0.175963 9, 515, 118 0 0 1, 674, 309 69.00 07000 ELECTROENCEPHALOGRAPHY 0 1, 149, 467 70.00 0.337257 3, 408, 282 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0. 290480 0 0 71.00 7, 858, 483 2, 282, 732 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 0.462321 8, 653, 329 0 0 4,000,616 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 206965 105, 572, 868 147 297, 909 21, 849, 889 73.00 07400 RENAL DIALYSIS 74.00 0.441892 0 0 0 74.00 03330 ENDOSCOPY 129, 467 76.00 0. 231502 559, 247 0 0 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76.01 2. 137018 C 0 0 76.01 03951 LUTHERWOOD PARTNERSHIP 4. 922668 0 0 76.03 0 76.03 0 03952 WOUND CARE CENTER 76.04 0.413258 5, 691, 706 2, 352, 143 76.04 C 03480 ONCOLOGY-CANCER CARE CENTER 0.320912 17, 220, 418 76.05 53, 660, 873 9, 169 76.05 0 76.06 03953 I MAGING CENTERS 0. 247537 10, 449, 391 0 2, 586, 611 76.06 03954 BREAST DIAGNOSTIC CENTER 0 76.07 0.613380 62, 343 0 38, 240 76.07 o 76. 97 07697 CARDIAC REHABILITATION 0.724075 1, 653, 395 0 1, 197, 182 76. 97 07698 HYPERBARI C OXYGEN THERAPY 438, 772 76.98 0.340517 1, 288, 548 0 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0.000000 89.00 0 90.00 09000 CLI NI C 0.000000 0 Λ 90.00 90.01 04950 DIABETIC CARE CENTER 0.000000 0 0 90.01 0 04951 HEALTHY HEARTS CENTER 1, 873, 995 0 2, 686, 351 90.02 1.433489 90.02 09001 CLINIC 0 90.03 90 03 0.000000 Λ 90.04 04953 SPINE CENTER 0.000000 0 0 Λ 90.04 90.05 04954 INFUSION CENTERS 0.484370 729, 906 0 353, 545 90.05 09002 MEDCHECK CLINICS 0.000000 0 90.06 90.06 0 0 90 07 09003 KNEE CENTER 1.470559 4,867 7, 157 90.07 90.08 09004 PALLIATIVE CARE 12. 221437 0 0 90.08 0 90.10 09006 WORK SITE CLINICS 0.000000 0 0 90.10 90.12 04961 FAMILY PRACTICE AND MATERNITY CARE O 90 12 0.000000 0 91.00 09100 EMERGENCY 0. 213489 22, 240, 000  $\cap$ 0 4, 747, 995 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 2, 621, 806 3, 451, 574 92.00 92.00 1. 316487 2.654 OTHER REIMBURSABLE COST CENTERS 98 00 09850 OTHER REIMBURSABLE COST CENTERS 98 00 0.000000 0 200.00 Subtotal (see instructions) 330, 009, 650 24, 276 297. 909 80, 805, 539 200.00 201.00 Less PBP Clinic Lab. Services-Program 201. 00 Only Charges Net Charges (line 200 +/- line 201) 202.00 330,009,650 297. 909 80, 805, 539 202. 00 24, 276

	Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0		50. 00
51. 00	05100 RECOVERY ROOM	0	0		51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		54.00
55. 00		0	0		55. 00
57. 00		0		l .	57. 00
58. 00		0	0		58. 00
59. 00		0	0		59. 00
60.00		0	0		60.00
64. 00		0	0	l .	64.00
65. 00		0	0	l .	65. 00
66. 00 67. 00		6, 554 0	0	l .	66. 00 67. 00
68. 00		0	0	1	68. 00
69. 00		0	0	1	69. 00
70. 00		0	0	•	70.00
71. 00		0	Ö		71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	o		72. 00
73. 00		30	61, 657		73. 00
74. 00		0			74.00
76. 00		0	o		76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	o		76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	o		76. 03
76. 04		0	0		76. 04
76. 05		2, 942	0		76. 05
76. 06		0	0		76. 06
76. 07		0			76. 07
76. 97		0	1		76. 97
76. 98		0	0		76. 98
00 00	OUTPATIENT SERVICE COST CENTERS		O		00.00
88. 00 89. 00		0		l .	88. 00 89. 00
90.00				l .	90.00
90. 00	04950 DI ABETI C CARE CENTER	0	0	l .	90.00
90. 02		0	0		90. 02
90. 03		o o	o	l .	90. 03
90. 04		0	o	l .	90. 04
90. 05	04954 INFUSION CENTERS	0	o		90. 05
90.06	09002 MEDCHECK CLINICS	0	o		90.06
90. 07	09003 KNEE CENTER	0	0		90. 07
90. 08	· · · · · · · · · · · · · · · · · · ·	0	0		90. 08
90. 10		0	0		90. 10
90. 12		0	0		90. 12
91.00		0	0		91.00
92. 00		3, 494	0		92. 00
00.00	OTHER REIMBURSABLE COST CENTERS				00.00
98. 00 200. 0		12 020		l .	98. 00 200. 00
200. 0		13, 020	61, 657		200.00
201.0	Only Charges				201.00
202. 0		13, 020	61, 657		202. 00
		•		•	

Health Financial Systems CO	MMUNITY HOSPITAL	OF INDIANA, II	NC.	In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA	L COSTS	Provi der C		Period: From 01/01/2016 Fo 12/31/2016		
			e XIX	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B,	Swing Bed Adjustment	Reduced Capital Related Cost	Days	Per Diem (col. 3 / col. 4)	
	Part II, col.		(col. 1 - col.			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS			2.22		2.00	
30. 00 ADULTS & PEDIATRICS	4, 823, 278	C	4, 823, 27	63, 783	75. 62	30.00
31.00 INTENSIVE CARE UNIT	750, 374		750, 37	6, 351	118. 15	31. 00
32. 00 CORONARY CARE UNIT	534, 187		534, 18	6, 213	85. 98	32. 00
43. 00 NURSERY	443, 634		443, 63	3, 787	117. 15	43.00
200.00 Total (lines 30-199)	6, 551, 473		6, 551, 47	80, 134		200. 00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col. 6)				
	6, 00	7.00	-			
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00				
30. 00 ADULTS & PEDIATRICS	3, 408	257, 713				30.00
31. 00   INTENSIVE CARE UNIT	0, 100	2077710				31. 00
32. 00 CORONARY CARE UNIT	C	l o				32. 00
43. 00 NURSERY	1, 850	216, 728	3			43.00
200.00 Total (lines 30-199)	5, 258					200. 00

	UNITY HUSPITAL				u or Form CWS-2	2332-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der Co		eriod: rom 01/01/2016	Worksheet D Part II	
			T		Date/Time Pre	pared:
					2/27/2017 9: 44	4 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cost	Inpati ent	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col .	Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	T	Г	T			
50. 00   05000   OPERATI NG ROOM	2, 264, 575					50. 00
51. 00   05100   RECOVERY ROOM	250, 221	14, 423, 151	0. 017349	198, 529		51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	183, 452	6, 024, 113		430, 071	13, 097	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	1, 049, 390			421, 247		54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	349, 834	15, 913, 064		135, 521	2, 979	55. 00
57. 00  05700   CT SCAN	221, 536	74, 371, 428		781, 304	2, 328	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	222, 561	18, 287, 040		146, 730		58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	761, 372	144, 777, 235		589, 271	3, 099	
60. 00  06000   LABORATORY	285, 765	139, 819, 705	0.002044	3, 347, 955	6, 843	60.00
64. 00   06400   I NTRAVENOUS THERAPY	19, 900	1, 140, 033	0. 017456	59, 533	1, 039	64. 00
65. 00 06500 RESPIRATORY THERAPY	237, 273	27, 666, 636	0.008576	1, 346, 564	11, 548	65.00
66. 00   06600 PHYSI CAL THERAPY	511, 026	22, 874, 521	0. 022340	162, 586	3, 632	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	51, 043	5, 845, 992	0. 008731	107, 876	942	67.00
68.00 06800 SPEECH PATHOLOGY	17, 412	2, 023, 647	0. 008604	55, 179	475	68. 00
69. 00 06900 ELECTROCARDI OLOGY	222, 782	44, 210, 749	0.005039	302, 506	1, 524	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	90, 417	6, 739, 665		79, 940		70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	329, 815	67, 549, 837	0. 004883	1, 381, 718		71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	486, 227	62, 536, 131	0. 007775	579, 175		72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	1, 060, 611	515, 566, 001	0. 002057	2, 938, 862	6, 045	73. 00
74. 00   07400   RENAL DI ALYSI S	15, 614	3, 404, 295		73, 104		74. 00
76. 00 03330 ENDOSCOPY	23, 674	3, 918, 508		74, 544	450	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	824, 723	8, 928, 068		0		76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	489, 742	671, 860	0. 728935	0	Ö	76. 03
76. 04   03952   WOUND CARE CENTER	216, 721	10, 390, 538		4, 790		
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	2, 252, 946			96, 518		76. 05
76. 06   03953   I MAGI NG CENTERS	594, 239	42, 830, 929		0	0	76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	69, 854	3, 138, 947		1, 444	32	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	239, 757	3, 426, 162	0. 069978	911	64	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	76, 435					
OUTPATIENT SERVICE COST CENTERS	707100	1/221/100	0.0.0070			70.70
88. 00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89. 00
90. 00   09000   CLINI C	0	0		0		90.00
90. 01 04950 DIABETIC CARE CENTER	0	0	0. 000000	0		90. 01
90. 02 04951 HEALTHY HEARTS CENTER	198, 342	4, 383, 991	0. 045242	0	1	90. 02
90. 03   09001   CLI NI C	170,012	1,000,771	0. 000000	0		90. 03
90. 04   04953   SPI NE CENTER	0	0	0. 000000	0		90. 04
90. 05   04954   NFUSION CENTERS	69, 870	2, 652, 971	0. 026337	0	-	90. 05
90. 06   09002   MEDCHECK   CLINICS	07,070	2,032,771	0. 000000	0	١	90.06
90. 07   09003   KNEE CENTER	395, 876	5, 308, 680		0	0	90.00
90. 08   09004   PALLI ATI VE CARE	192			0		90.07
90. 10   09004 PALLIATIVE CARE 90. 10   09006   WORK SITE CLINICS	192	2, 407 0	0. 079767 0. 000000			90.08
90. 10   09006   WORK STIE CLINICS 90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	0	0.00000	0		90. 10
		-		_		
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION   BEDS (NON-DISTINCT PART)	1, 321, 238			1, 519, 846		91.00
	427, 554	8, 025, 322	0. 053276	84, 225	4, 487	92. 00
OTHER REIMBURSABLE COST CENTERS	0	_	0.000000	0		00 00
98.00   09850   OTHER REIMBURSABLE COST CENTERS 200.00   Total (Lines 50-199)		0			·	
200.00   Total (lines 50-199)	10, 831, 989	1, 814, 474, 293	I	16, 476, 836	125, 569	<sub> </sub> 200.00

Health Financial Systems COMM	UNITY HOSPITAL	OF INDIANA, II	NC.	In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provider C	CN: 15-0074	Peri od:	Worksheet D	
				From 01/01/2016		
				Γο 12/31/2016		pared:
			\(\(\)		2/27/2017 9: 4	<u>4 am</u>
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School			Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
					minus col. 4)	
	1. 00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				-		
30. 00  03000  ADULTS & PEDI ATRI CS	0	0		0	0	30.00
31.00   03100   I NTENSI VE CARE UNIT	0	0	)	)	0	31.00
32. 00   03200   CORONARY CARE UNIT	0	0	)	)	0	32.00
43. 00 04300 NURSERY	0	0	)	)	0	43.00
200.00 Total (lines 30-199)	0	0	1	O	0	200. 00
Cost Center Description	Total Patient	Per Diem (col.	Inpati ent	I npati ent		
· ·	Days	5 ÷ col. 6)	Program Days			
		<b>_</b>		Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6, 00	7.00	8, 00	9, 00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	63, 783	0.00	3, 40	3 0		30.00
31. 00 03100 I NTENSI VE CARE UNI T	6, 351	l .		0		31. 00
32. 00 03200 CORONARY CARE UNIT	6, 213	l .	1	0		32. 00
43. 00 04300 NURSERY	3, 787		1			43. 00
200.00 Total (lines 30-199)	80, 134		5, 25			200. 00
200.00   10tal (11165 30-199)	00, 134	1	] 3, 23	ا ا	I	<sub>1</sub> 200.00

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2016 Part IV
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am 
 Heal th Financial
 Systems
 COMMUNITY HOSPITAL OF APPORTIONMENT

 OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0074 THROUGH COSTS

			'	0 12,01,2010	2/27/2017 9: 4	4 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
	Anestheti st			Medi cal	(sum of col 1	
	Cost			Education Cost	through col.	
					4)	
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	0	(	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	(	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	l o	1	0	0	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	l o	1	0	0	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	0		0	0	55. 00
57. 00   05700   CT   SCAN	0	0	1	0	o o	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1		o o	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	٥			o o	59.00
60. 00 06000 LABORATORY	o o	١		) o	Ö	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0			Ö	64. 00
65. 00   06500   RESPI RATORY THERAPY	0				0	65. 00
66. 00   06600   PHYSI CAL THERAPY	0				0	66.00
67. 00   06700   OCCUPATI ONAL THERAPY	0				0	67. 00
	0	0				
68. 00 06800 SPEECH PATHOLOGY	0	0			0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0			0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	(	0	0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	1, 014, 693	0	1, 014, 693	73. 00
74. 00   07400   RENAL DI ALYSI S	0	0	(	0	0	74. 00
76. 00   03330   ENDOSCOPY	0	0	(	0	0	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	(	0	0	76. 01
76. 03   03951   LUTHERWOOD PARTNERSHI P	0	0	(	0	0	76. 03
76.04 03952 WOUND CARE CENTER	0	0	(	0	0	76. 04
76. 05   03480   ONCOLOGY-CANCER CARE CENTER	0	0	(	0	0	76. 05
76. 06   03953   I MAGI NG CENTERS	0	0	C	0	0	76. 06
76. 07   03954 BREAST DIAGNOSTIC CENTER	0	0	C	0	0	76. 07
76. 97 07697 CARDIAC REHABILITATION	0	0		0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	76. 98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89. 00
90. 00   09000   CLI NI C	0	0		0	0	90.00
90. 01 04950 DIABETIC CARE CENTER	0	0		0	0	90. 01
90. 02 04951 HEALTHY HEARTS CENTER	0	0	(	0	0	90. 02
90. 03   09001   CLI NI C	0	0	1	0	0	90. 03
90. 04   04953   SPI NE CENTER	0	l o	1	0	0	90. 04
90. 05   04954   INFUSION CENTERS	0	0		0	0	90. 05
90. 06   09002   MEDCHECK   CLINICS	0	0		0	0	90.06
90. 07   09003   KNEE CENTER	0	0	1	0	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0	0	1		l o	90. 08
90. 10 09006 WORK SITE CLINICS	0	١		o o	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0				0	90. 10
91. 00 09100 EMERGENCY	0	0	1, 341, 227	,	1, 341, 227	91. 00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	0	·	1, 341, 227		l	91.00
OTHER REIMBURSABLE COST CENTERS		<u> </u>		,		72.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		0	0	98. 00
200.00 Total (lines 50-199)	0	l e		-		
200.00   Total (TINES 50-177)	1	1	1 2,300,920	<i>'</i> 1	2, 300, 720	<sub>1</sub> 200.00

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2016 Part IV
To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am Health Financial Systems COMMUNITY HOSPITAL OF APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0074 THROUGH COSTS

					2/27/2017 9: 4	4 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Total	Total Charges	Ratio of Cost	Outpati ent	Inpati ent	
'	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col.	to Charges	Charges	
	col. 2, 3 and	8)	7)	(col . 6 ÷ col .	g	
	4)		, ,	7)		
	6. 00	7. 00	8. 00	9. 00	10. 00	
ANCILLARY SERVICE COST CENTERS	0.00	7.00	0.00	7. 00	10.00	
50. 00 05000 OPERATING ROOM	0	118, 504, 662	0.000000	0. 000000	1, 556, 887	50. 00
51. 00   05100   RECOVERY   ROOM	0	14, 423, 151	0. 000000		198, 529	51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	6, 024, 113	0. 000000		430, 071	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	55, 329, 075	0.000000		421, 247	54. 00
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	15, 913, 064	0.000000		135, 521	55. 00
57. 00   05700   CT   SCAN	0					
	_	74, 371, 428			781, 304	57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	18, 287, 040			146, 730	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	144, 777, 235	0. 000000		589, 271	59. 00
60. 00   06000   LABORATORY	0	139, 819, 705	0. 000000		3, 347, 955	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	1, 140, 033	0. 000000		59, 533	64. 00
65. 00 06500 RESPI RATORY THERAPY	0	27, 666, 636	0. 000000		1, 346, 564	65. 00
66. 00   06600   PHYSI CAL THERAPY	0	22, 874, 521	0. 000000	0. 000000	162, 586	66. 00
67. 00  06700 OCCUPATI ONAL THERAPY	0	5, 845, 992	0. 000000	0. 000000	107, 876	67.00
68. 00 06800 SPEECH PATHOLOGY	0	2, 023, 647	0. 000000	0. 000000	55, 179	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	44, 210, 749	0.000000	0. 000000	302, 506	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	6, 739, 665	0. 000000		79, 940	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67, 549, 837	0.000000		1, 381, 718	71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	62, 536, 131	0. 000000		579, 175	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	1, 014, 693	515, 566, 001	0. 001968		2, 938, 862	73. 00
74. 00 07400 RENAL DIALYSIS	1, 014, 075	3, 404, 295	0. 000000		73, 104	74. 00
76. 00 03330 ENDOSCOPY	0	3, 918, 508			74, 544	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	8, 928, 068			74, 544	76. 00 76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	_				0	76. 01
	0	671, 860	0.000000			
76. 04 03952 WOUND CARE CENTER	0	10, 390, 538	0.000000		4, 790	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0	168, 015, 700	0.000000		96, 518	76. 05
76. 06   03953   I MAGI NG CENTERS	0	42, 830, 929	0. 000000		0	76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0	3, 138, 947	0. 000000		1, 444	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	0	3, 426, 162	0. 000000		911	76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY	0	4, 224, 156	0. 000000	0. 000000	0	76. 98
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC	0	0	0. 000000		0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0. 000000		0	89. 00
90. 00   09000   CLI NI C	0	0	0. 000000		0	90.00
90. 01  04950 DIABETIC CARE CENTER	0	0	0. 000000	0. 000000	0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	0	4, 383, 991	0.000000	0. 000000	0	90. 02
90. 03   09001   CLI NI C	0	0	0. 000000	0. 000000	0	90. 03
90. 04   04953   SPI NE CENTER	0	0	0. 000000	0. 000000	0	90. 04
90. 05   04954   I NFUSI ON CENTERS	0	2, 652, 971	0.000000	0. 000000	0	90. 05
90. 06 09002 MEDCHECK CLINICS	0	0	0. 000000		0	90. 06
90. 07   09003   KNEE CENTER	0	5, 308, 680	0. 000000		0	90. 07
90. 08   09004   PALLI ATI VE CARE	0	2, 407	0. 000000		0	90. 08
90. 10 09006 WORK SITE CLINICS	0	2, 407	0. 000000		0	90. 10
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		0	90. 10
91. 00   09100   EMERGENCY	-	201 540 074			-	90. 12
	1, 341, 227	201, 549, 074			1, 519, 846	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8, 025, 322	0. 000000	0.000000	84, 225	92. 00
OTHER REIMBURSABLE COST CENTERS	0	^	0.000000	0.000000		00.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	_	0		0.000000	14 474 924	98. 00
200.00   Total (lines 50-199)	2, 355, 920	1, 814, 474, 293	I	1 1	16, 476, 836	200. UU

| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2016 | Part IV | To 12/31/2016 | Date/Time Prepared: | 2/27/2017 9:44 am | 
 Heal th Financial
 Systems
 COMMUNITY HOSPITAL OF APPORTIONMENT

 OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0074 THROUGH COSTS

					2/27/2017 9:4	4 am
			e XIX	Hospi tal	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8	5	Costs (col. 9			
	x col. 10)		x col. 12)			
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS	11.00	12.00	13.00			
50. 00 05000 OPERATING ROOM	0	0	0			50.00
51. 00   05100   RECOVERY   ROOM		0	0			51.00
	1	-				
52. 00   05200   DELI VERY ROOM & LABOR ROOM	0	0				52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0	0			54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	0	0			55. 00
57. 00  05700 CT SCAN	0	0	0			57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0	0	0			58. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0	0	0			59. 00
60. 00   06000   LABORATORY	0	0	0			60.00
64. 00 06400 I NTRAVENOUS THERAPY	ol	0	l o			64.00
65. 00 06500 RESPIRATORY THERAPY	o	0	0			65. 00
66. 00   06600   PHYSI CAL THERAPY		0	0			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	0			67.00
	-1	0	١			1
68. 00   06800   SPEECH PATHOLOGY	0	0	-			68. 00
69. 00   06900   ELECTROCARDI OLOGY	0	0	0			69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70. 00
71.00  07100   MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5, 784	0	0			73.00
74. 00   07400   RENAL DI ALYSI S	0	0	0			74.00
76. 00 03330 ENDOSCOPY	l ol	0	0			76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	o	0	0			76. 01
76. 03   03951 LUTHERWOOD PARTNERSHI P	أم	0	0			76. 03
76. 04   03952   WOUND CARE CENTER		0	0			76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER		0				76.05
76. 06 03953 I MAGING CENTERS	0	0	0			76.05
	0	0	١			
76. 07 03954 BREAST DIAGNOSTIC CENTER	0	0	0			76. 07
76. 97 O7697 CARDI AC REHABI LI TATI ON	0	0	- 1			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0			76. 98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89. 00
90. 00  09000  CLI NI C	0	0	0			90.00
90. 01   04950 DIABETIC CARE CENTER	0	0	0			90. 01
90. 02   04951   HEALTHY HEARTS CENTER	0	0	0			90. 02
90. 03   09001   CLI NI C	o	0	0			90. 03
90. 04   04953   SPI NE CENTER	0	0	0			90. 04
90. 05   04954   I NFUSI ON CENTERS	o	0	0			90.05
90. 06 09002 MEDCHECK CLINICS		0				90.06
90. 07   09003   KNEE CENTER		0	0			90.08
		0				
90. 08   09004   PALLIATIVE CARE		0				90.08
90. 10 09006 WORK SITE CLINICS	0	0	0			90. 10
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	0	-			90. 12
91. 00   09100   EMERGENCY	10, 115	0	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0			98. 00
200.00 Total (lines 50-199)	15, 899	0	0			200. 00

Peri od:

From 01/01/2016 Part V Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XIX Hospi tal PPS Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 284694 797, 980 0 50.00 51.00 05100 RECOVERY ROOM 0. 280079 0 0 218, 516 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0.809721 0 52 00 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.256181 0 980, 237 0 54.00 42, 893 55.00 05500 RADI OLOGY-THERAPEUTI C 0. 457987 0 55.00 57.00 05700 CT SCAN 0.076917 0 0 1, 428, 709 57.00 0 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 0.143251 0 344, 847 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.073083 306, 000 0 59.00 60.00 06000 LABORATORY 0.107466 0 0 1, 780, 279 0 60.00 06400 I NTRAVENOUS THERAPY 0 0 770870 79 64 00 Ω 64 00 0 65.00 06500 RESPIRATORY THERAPY 0.414411 0 62, 638 0 65.00 06600 PHYSI CAL THERAPY 0.532586 447, 496 66.00 0 66.00 06700 OCCUPATIONAL THERAPY 0.504870 94, 724 67.00 67.00 0 0 06800 SPEECH PATHOLOGY 42, 740 68 00 0 498377 0 0 68 00 69.00 06900 ELECTROCARDI OLOGY 0.175963 0 0 733, 128 0 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 70.00 0.337257 2, 240, 223 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0. 290480 0 0 230, 984 71.00 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72 00 0.462321 0 228, 617 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 206965 5, 394, 619 0 73.00 07400 RENAL DIALYSIS 74.00 0.441892 0 74.00 03330 ENDOSCOPY 76.00 0. 231502 0 18, 854 0 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 0 76.01 2. 137018 0 0 76.01 03951 LUTHERWOOD PARTNERSHIP 4. 922668 0 76.03 76.03 0 03952 WOUND CARE CENTER 76.04 0.413258 815, 100 76.04 03480 ONCOLOGY-CANCER CARE CENTER 0.320912 0 0 1, 792, 039 76.05 76.05 0 0 76.06 03953 I MAGING CENTERS 0. 247537 0 245, 032 0 76.06 03954 BREAST DIAGNOSTIC CENTER 14, 510 76.07 0.613380 76.07 0 76. 97 07697 CARDIAC REHABILITATION 0.724075 0 583 0 76. 97 07698 HYPERBARIC OXYGEN THERAPY 0 0 76. 98 76.98 0.340517 0 0 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0.000000 0 89.00 90.00 09000 CLI NI C 0.000000 0 0 0 0 90.00 90.01 04950 DIABETIC CARE CENTER 0.000000 0 90.01 04951 HEALTHY HEARTS CENTER 90.02 90.02 1.433489 21, 687 90.03 09001 CLINIC 0.000000 0 0 90.03 Λ 0 90.04 04953 SPINE CENTER 0.000000 0 0 90.04 90.05 04954 INFUSION CENTERS 0.484370 10, 846 90.05 09002 MEDCHECK CLINICS 0.000000 0 0 90.06 90.06 0 0 09003 KNEE CENTER 90 07 1.470559 C 38, 325 0 90.07 90.08 09004 PALLIATIVE CARE 12. 221437 0 0 90.08 0 90.10 09006 WORK SITE CLINICS 0.000000 0 0 0 90.10 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 Ω 0 90 12 0 0 09100 EMERGENCY 91.00 0. 213489 0 3, 729, 253 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 147, 955 0 92.00 92.00 1. 316487 0 OTHER REIMBURSABLE COST CENTERS 98 00 09850 OTHER REIMBURSABLE COST CENTERS n 0 98 00 0.000000 0 0 200.00 Subtotal (see instructions) C 22, 208, 893 0 200. 00 201.00 Less PBP Clinic Lab. Services-Program 201.00 Only Charges 0 0 202.00 202.00 Net Charges (line 200 +/- line 201) 22, 208, 893

98 00

200.00

201. 00

202.00

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2016 Part V Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XIX Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 227, 180 50.00 51.00 05100 RECOVERY ROOM 0 0 0 61, 202 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 52 00 Λ 54.00 05400 RADI OLOGY-DI AGNOSTI C 251, 118 54.00 55. 00 05500 RADI OLOGY-THERAPEUTI C 19, 644 55.00 57.00 05700 CT SCAN 000000000000000000000000000 109, 892 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 49, 400 58.00 59.00 05900 CARDI AC CATHETERI ZATI ON 22, 363 59.00 60.00 06000 LABORATORY 191, 319 60.00 06400 I NTRAVENOUS THERAPY 64 00 64 00 61 65.00 06500 RESPIRATORY THERAPY 25, 958 65.00 06600 PHYSI CAL THERAPY 238, 330 66.00 66.00 06700 OCCUPATIONAL THERAPY 47, 823 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 21, 301 68 00 69.00 06900 ELECTROCARDI OLOGY 129,003 69.00 07000 ELECTROENCEPHALOGRAPHY 755, 531 70.00 70.00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 67, 096 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72 00 105, 694 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 1, 116, 497 73.00 07400 RENAL DIALYSIS 74.00 74.00 03330 ENDOSCOPY 76.00 4, 365 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 Ω 76.01 03951 LUTHERWOOD PARTNERSHIP 76.03 76.03 03952 WOUND CARE CENTER 76. 04 336, 847 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 575, 087 76.05 03953 I MAGING CENTERS 76.06 60, 654 76.06 03954 BREAST DIAGNOSTIC CENTER 8,900 76.07 76.07 76. 97 07697 CARDIAC REHABILITATION 422 76. 97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76.98 0 OUTPATIENT SERVICE COST CENTERS 0 88.00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0000000000000 89.00 89.00 0 90.00 09000 CLI NI C 0 90.00 90.01 04950 DIABETIC CARE CENTER 90.01 90. 02 04951 HEALTHY HEARTS CENTER 31,088 90.02 09001 CLI NI C 90.03 90.03 C 90.04 04953 SPINE CENTER  $\Gamma$ 90.04 90.05 04954 INFUSION CENTERS 5, 253 90.05 09002 MEDCHECK CLINICS 90.06 90.06 09003 KNEE CENTER 90 07 56, 359 90.07 90.08 09004 PALLIATIVE CARE C 90.08 90. 10 09006 WORK SITE CLINICS 0 90.10 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 90 12 91.00 09100 EMERGENCY 796, 154 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 194, 781 92.00 92.00

0

0

5, 509, 322

5, 509, 322

98 00

200.00

201.00

202.00

OTHER REIMBURSABLE COST CENTERS

Only Charges

09850 OTHER REIMBURSABLE COST CENTERS

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 +/- line 201)

Health Financial Systems	COMMUNITY HOSPITAL OF INDIA	ANA, INC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi	ider CCN: 15-0074	Peri od: From 01/01/2016	Worksheet D-1	
				Date/Time Prep 2/27/2017 9:44	
		Title XVIII	Hospi tal	PPS	
Cost Center Description					
				1 00	

		Title XVIII	Hospi tal	2/27/2017 9: 4 PPS	4 am
	Cost Center Description	THE AVIII	позрі саі	113	
				1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1. 00	Inpatient days (including private room days and swing-bed days	s. excludina newborn)		63, 783	1. 00
2.00	Inpatient days (including private room days, excluding swing-			63, 783	2.00
3.00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	ivate room days,	0	3.00
4 00	do not complete this line.	- d - d>		FO 120	4.00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	58, 129 0	4. 00 5. 00
3.00	reporting period	om days) thi ough becembe	1 31 01 the cost		3.00
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7. 00	Total swing-bed NF type inpatient days (including private room	m days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	m days) after December 3	1 of the cost	0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)	ii days) arter becember 5	i or the cost		0.00
9.00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	18, 395	9.00
	newborn days)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		oom days)	0	10.00
11. 00	through December 31 of the cost reporting period (see instruc Swing-bed SNF type inpatient days applicable to title XVIII on		nom dave) after	0	11.00
11.00	December 31 of the cost reporting period (if calendar year, en		Join days) arter		11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12.00
	through December 31 of the cost reporting period				
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.00
14. 00	after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra			0	14.00
15. 00	Total nursery days (title V or XIX only)	all (excluding swing-bed	uays)	0	15.00
16. 00	Nursery days (title V or XIX only)			Ö	16.00
	SWING BED ADJUSTMENT				[
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
10.00	reporting period	<del></del> D 21 - <del></del>	41 <b>4</b>	0.00	10.00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0.00	18.00
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19.00
	reporting period	e in eag. Beechber e. e.		0.00	
20.00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20.00
04 00	reporting period	`		440 407 007	04.00
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through December		ing ported (line	119, 186, 927 0	21. 00 22. 00
22.00	5 x line 17)	er 31 of the cost report	ing period (ine	0	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	0	23.00
	x line 18)				
24. 00	Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	ng period (line	0	24.00
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 3	21 of the cost reporting	poriod (line 0	0	25. 00
23.00	x line 20)	of the cost reporting	perrou (Trile 8	U	25.00
26. 00	Total swing-bed cost (see instructions)			0	26.00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		119, 186, 927	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34. 00	Average per diem private room charge differential (line 32 mi)		tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line)	ne 31)		0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	and private room cost di	fforontial (lima	110 106 027	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost dr	irerential (IINe	119, 186, 927	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS_			
38. 00	Adjusted general inpatient routine service cost per diem (see	i nstructi ons)		1, 868. 63	
39. 00	Program general inpatient routine service cost (line 9 x line			34, 373, 449	1
40.00	Medically necessary private room cost applicable to the Progra	•		0	40.00
41 (11)	Total Program general inpatient routine service cost (line 39	+ IIIIE 4U)		34, 373, 449	41.U(

	Financial Systems COMM ATION OF INPATIENT OPERATING COST	UNITY HOSPITAL	OF INDIANA, IN		In Lie	u of Form CMS-2 Worksheet D-1	
				F	rom 01/01/2016 o 12/31/2016	Date/Time Pre 2/27/2017 9:4	pared:
	Cost Center Description	Total	Ti tl e Total	XVIII  Average Per	Hospital Program Days	PPS Program Cost	
	Cost Center Description		Inpatient Days			(col. 3 x col.	
				col . 2)		4)	
42.00	NUDCEDY (+; +Lo V & VIV only)	1.00	2. 00	3.00	4. 00	5. 00 0	12.00
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42. 00
43. 00	INTENSIVE CARE UNIT	20, 044, 349	6, 351	3, 156. 09	2, 373	7, 489, 402	43. 00
44. 00	CORONARY CARE UNIT	12, 602, 980	6, 213	2, 028. 49	2, 180	4, 422, 108	44. 00
45. 00	BURN INTENSIVE CARE UNIT						45. 00
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 00 47. 00
47.00	Cost Center Description						47.00
						1. 00	
48. 00	Program inpatient ancillary service cost (Wks					48, 313, 039	
49.00	Total Program inpatient costs (sum of lines a PASS THROUGH COST ADJUSTMENTS	41 through 48)(	see instructio	ns)		94, 597, 998	49. 00
50.00	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D, sum	of Parts I and	1, 858, 836	50.00
	111)		•				
51. 00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, su	m of Parts II	1, 811, 091	51.00
52. 00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				3, 669, 927	52. 00
53. 00	Total Program inpatient operating cost exclude		lated, non-phy	sician anesthe	tist, and	90, 928, 071	1
	medical education costs (line 49 minus line !	52)					
E4 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. 00
55. 00	Target amount per discharge		0.00				
56.00	0   Target amount per discharge 0   Target amount (line 54 x line 55)						56. 00
57. 00	O Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57. 00
58. 00 59. 00							58. 00 59. 00
39.00	market basket	portring perrou	ending 1996, u	puateu anu com	pounded by the	0. 00	39.00
60.00	Lesser of lines 53/54 or 55 from prior year of					0.00	1
61. 00	00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by						61. 00
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						
62.00	Relief payment (see instructions)	0	62. 00				
63. 00	Allowable Inpatient cost plus incentive payme	0	63. 00				
64 00	PROGRAM INPATIENT ROUTINE SWING BED COST	0	64. 00				
04.00	0 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						
65.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00
66. 00	instructions)(title XVIII only)						66. 00
00.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						00.00
67. 00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period						67. 00
68. 00	(line 12 x line 19)						49.00
00.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68. 00
69. 00						0	69. 00
70.00	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
70. 00 71. 00	Adjusted general inpatient routine service of						70. 00 71. 00
72. 00	Program routine service cost (line 9 x line		1110 70 1 11110	2)			72. 00
73.00	Medically necessary private room cost applica			ne 35)			73. 00
74. 00	Total Program general inpatient routine servi	•					74.00
75. 00	Capital-related cost allocated to inpatient (26, line 45)	routine service	costs (from w	orksneet B, Pa	rt II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76. 00
77. 00	Program capital-related costs (line 9 x line 76)						77. 00
78. 00 79. 00							78. 00 79. 00
80.00							80.00
	Inpatient routine service cost per diem limi				,		81. 00
82.00	Inpatient routine service cost limitation (li		* .				82.00
83. 00 84. 00							83. 00 84. 00
85. 00	Utilization review - physician compensation		ns)				85. 00
86. 00	Total Program inpatient operating costs (sum		rough 85)				86. 00
Q7 OO	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					E 4F4	87. 00
υ1. UU	Fioral observation bed days (SEE THSTINCTIONS	1					

5, 654 87. 00 1, 868. 63 88. 00 10, 565, 234 89. 00

87.00 Total observation bed days (see instructions)
88.00 Adjusted general inpatient routine cost per diem (line 27 + line 2)
89.00 Observation bed cost (line 87 x line 88) (see instructions)

Health Financial Systems COM	MUNITY HOSPITAL	OF INDIANA, IN	IC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
				From 01/01/2016 To 12/31/2016	Date/Time Prep 2/27/2017 9:4	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4, 823, 278	119, 186, 927	0. 04046	8 10, 565, 234	427, 554	90.00
91.00 Nursing School cost	0	119, 186, 927	0.00000	10, 565, 234	0	91.00
92.00 Allied health cost	0	119, 186, 927	0.00000	10, 565, 234	0	92.00
93.00 All other Medical Education	0	119, 186, 927	0. 000000	10, 565, 234	0	93. 00

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 15-0074	Peri od: From 01/01/2016	Worksheet D-1	
			To 12/31/2016	Date/Time Pre 2/27/2017 9:4	
		Title XIX	Hospi tal	PPS	
Cost Center Description					
				1. 00	
PART I - ALL PROVIDER COMPONENTS					

		Title XIX	Hospi tal	PPS	
	Cost Center Description		-	1 00	
	DADT I ALL DDOVIDED COMPONENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed day	s excluding newhorn)		63, 783	1. 00
2. 00					2. 00
3.00	Private room days (excluding swing-bed and observation bed da		vate room days	63, 783 0	3. 00
	do not complete this line.	y-, y-= y p		_	
4.00	Semi-private room days (excluding swing-bed and observation b	ed days)		58, 129	4. 00
5.00	Total swing-bed SNF type inpatient days (including private ro	om days) through Decembe	r 31 of the cost	0	5. 00
	reporting period			_	
6. 00	Total swing-bed SNF type inpatient days (including private ro	om days) after December :	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roo	m days) through Docombor	21 of the cost	0	7. 00
7.00	reporting period	iii days) tiii ougii beceiibei	31 Of the Cost	U	7.00
8.00	Total swing-bed NF type inpatient days (including private roo	m days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days, ares becomes s		Ü	0.00
9.00	Total inpatient days including private room days applicable t	o the Program (excluding	swing-bed and	3, 408	9. 00
	newborn days)				
10.00	Swing-bed SNF type inpatient days applicable to title XVIII o		oom days)	0	10. 00
	through December 31 of the cost reporting period (see instruc			_	
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII o		oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		s room dove)	0	12. 00
12.00	through December 31 of the cost reporting period	A only (flictualing private	e room days)	U	12.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including private	e room days)	0	13. 00
10.00	after December 31 of the cost reporting period (if calendar y			Ü	10.00
14.00	Medically necessary private room days applicable to the Progr	am (excluding swing-bed o	days)	0	14. 00
15. 00	Total nursery days (title V or XIX only)		-	3, 787	15. 00
16. 00	Nursery days (title V or XIX only)			1, 850	16. 00
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to servic	es through December 31 o	f the cost	0. 00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to servic	os after December 21 of :	the cost	0.00	18. 00
16.00	reporting period	es arter becember 31 or	the cost	0.00	16.00
19. 00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0.00	19. 00
	reporting period	<del>.</del>			
20.00	Medicaid rate for swing-bed NF services applicable to service	s after December 31 of th	ne cost	0.00	20. 00
	reporting period				
21. 00	Total general inpatient routine service cost (see instruction			119, 186, 927	
22. 00	Swing-bed cost applicable to SNF type services through Decemb	er 31 of the cost reporti	ing period (line	0	22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the cost reporting	a ported (line 6	0	23. 00
23.00	x line 18)	31 of the cost reporting	g period (iiile o	U	23.00
24. 00	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reportio	na period (line	0	24. 00
	7 x line 19)		9	_	
25.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		119, 186, 927	27. 00
20.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	d and observation had b	argos)	^	20.00
	General inpatient routine service charges (excluding swing-be	u and observation bed cha	arges)	0	
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	20,		0.00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 mi	nus line 33)(see instruc	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x li		•	0.00	
36. 00	Private room cost differential adjustment (line 3 x line 35)			0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	119, 186, 927	37. 00
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	UCTMENTS			
20 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ		ı	1 0/0 /2	20 00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 868. 63 6, 368, 291	38. 00 39. 00
40. 00	Medically necessary private room cost applicable to the Progr			0, 308, 241	40.00
41. 00	Total Program general inpatient routine service cost (line 39			6, 368, 291	
		· · · · · · · · · · · · · · · · · · ·			-

		UNITY HOSPITAL				u of Form CMS-	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Pre 2/27/2017 9:4	pared:
			Ti tl	e XIX	Hospi tal	PPS	4 alli
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	F	Inpatient Cost				(col. 3 x col.	
		·		col . 2)		4)	
		1.00	2.00	3.00	4. 00	5. 00	
42.00	NURSERY (title V & XIX only)	9, 293, 947	3, 787	2, 454. 1	7 1, 850	4, 540, 215	42. 00
	Intensive Care Type Inpatient Hospital Units						
43. 00	INTENSIVE CARE UNIT	20, 044, 349	6, 351			0	
44. 00	CORONARY CARE UNIT	12, 602, 980	6, 213	2, 028. 4	9 0	0	
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
	OTHER SPECIAL CARE (SPECIFY)						47.00
47.00	Cost Center Description						47.00
	oost denter bescriptron					1. 00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	line 200)			4, 150, 479	48. 00
49.00	Total Program inpatient costs (sum of lines	41 through 48)(	see instructio	ns)		15, 058, 985	49. 00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inp	atient routine :	services (from	Wkst. D, sum	of Parts I and	474, 441	50.00
51. 00	III) Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	141, 468	51.00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				615, 909	52.00
53. 00	Total Program inpatient operating cost exclu		ated, non-phy	sician anesth	etist, and	14, 443, 076	
	medical education costs (line 49 minus line		. , ,		·		
	TARGET AMOUNT AND LIMIT COMPUTATION						
54. 00	Program di scharges					0 0. 00	
55. 00							
56. 00							56.00
57. 00							57. 00 58. 00
58. 00 59. 00							58. 00 59. 00
37.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						39.00
60.00	Lesser of lines 53/54 or 55 from prior year	cost report, up	dated by the m	arket basket		0.00	60.00
61. 00							
	which operating costs (line 53) are less than		s (lines 54 x	60), or 1% of	the target		
	amount (line 56), otherwise enter zero (see	0					
62.00							1
63. 00							63. 00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST 4.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See						64. 00
04.00	instructions)(title XVIII only)	ts through becer	ilber 31 of the	cost reporti	ig period (see	0	04.00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00
	instructions)(title XVIII only)			. 3			
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	l only). For	0	66. 00
47.00	CAH (see instructions)						47.00
67.00	7.00   Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost repo	rting period	0	68. 00
	(line 13 x line 20)			·	0 .		
69. 00	Total title V or XIX swing-bed NF inpatient					0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NU						
70.00	Skilled nursing facility/other nursing facili	-		, ,			70.00
71. 00 72. 00							71.00
73. 00	Program routine service cost (line 9 x line )		(line 14 v li	ne 35)			73.00
74. 00							74.00
75. 00	Capital -related cost allocated to inpatient	•			art II. column		75. 00
	26, line 45)				,		
76.00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00							77. 00
78. 00	· · · · · · · · · · · · · · · · · · ·						78. 00
79. 00							79. 00
		onioon +- ''					
80. 00	Total Program routine service costs for compa		ost limitation	i (line 78 min	us line 79)		80.00
	Total Program routine service costs for company inpatient routine service cost per diem limitation (I	tati on		ı (line 78 min	us line 79)		80.00 81.00 82.00

83.00

84.00

84.00

83.00 Reasonable inpatient routine service costs (see instructions)

Health Financial Systems COMM	MUNITY HOSPITAL	OF INDIANA, IN	IC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2016 To 12/31/2016	Date/Time Prep 2/27/2017 9:4	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	4, 823, 278	119, 186, 927	0. 04046	8 10, 565, 234	427, 554	90.00
91.00 Nursing School cost	0	119, 186, 927	0.00000	10, 565, 234	0	91.00
92.00 Allied health cost	0	119, 186, 927	0.00000	10, 565, 234	0	92.00
93.00 All other Medical Education	0	119, 186, 927	0. 000000	10, 565, 234	0	93. 00

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lieu	u of Form CMS-2552-10

Health Financial Systems COMMUNITY HOSPITAL OF	INDIANA, II	NC.	In Li∈	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0074		Peri od:	Worksheet D-3	
			From 01/01/2016 To 12/31/2016		
	Titl∈	XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2. 00	2) 3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDI ATRI CS			23, 885, 910		30.00
31. 00   03100   NTENSI VE CARE UNI T			25, 041, 831		31.00
32. 00   03200   CORONARY CARE UNI T			957, 698		32. 00
43. 00   04300   NURSERY			121,7212		43. 00
ANCILLARY SERVICE COST CENTERS		'	· '		
50. 00 05000 OPERATING ROOM		0. 28469	34, 861, 222	9, 924, 781	50.00
51.00 05100 RECOVERY ROOM		0. 28007	9 3, 041, 256	851, 792	51.00
52. OO 05200 DELIVERY ROOM & LABOR ROOM		0.80972	51, 991	42, 098	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 25618	4, 489, 105	1, 150, 023	54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C		0. 45798	2, 807, 910	1, 285, 986	55. 00
57. 00  05700 CT SCAN		0. 07691	7, 297, 029	561, 266	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 14325			
59. 00   05900   CARDI AC   CATHETERI ZATI ON		0. 07308			
60. 00   06000   LABORATORY		0. 10746			
64.00 06400 I NTRAVENOUS THERAPY		0. 77087			64. 00
65. 00 06500 RESPI RATORY THERAPY		0. 41441			65. 00
66. 00   06600   PHYSI CAL THERAPY		0. 53258		946, 862	
67. 00   06700   OCCUPATI ONAL THERAPY		0.50487			
68. 00   06800   SPEECH PATHOLOGY		0. 49837			
69. 00   06900   ELECTROCARDI OLOGY		0. 17596			1
70. 00 O7000 ELECTROENCEPHALOGRAPHY		0. 33725		220, 415	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29048			1
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS 73.00   07300   DRUGS CHARGED TO PATIENTS		0. 46232			72. 00 73. 00
74. 00   07400   RENAL DI ALYSI S		0. 2069 <i>6</i> 0. 44189			1
76. 00   03330   ENDOSCOPY		0. 23150			
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		2. 13701		0	76. 01
76. 03   03951   LUTHERWOOD PARTNERSHI P		4. 92266		Ö	76. 03
76. 04   03952   WOUND CARE CENTER		0. 41325		5, 885	1
76. 05   03480   ONCOLOGY-CANCER CARE CENTER		0. 32091			76. 05
76. 06   03953   I MAGI NG CENTERS		0. 24753		4, 240	
76. 07 03954 BREAST DIAGNOSTIC CENTER		0. 61338	1, 269	778	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 72407	526	381	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 34051	7 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS					
88.00   08800   RURAL HEALTH CLINIC		0.00000		0	1
89.00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	89. 00
90. 00   09000   CLI NI C		0.00000		-	1
90. 01   04950   DI ABETI C CARE CENTER		0.00000		0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER		1. 43348			90. 02
90. 03   09001   CLI NI C		0.00000		0	
90. 04   04953  SPI NE CENTER 90. 05   04954   I NFUSI ON CENTERS		0. 00000 0. 48437		0	90. 04 90. 05
90. 05   04954   INFUSION CENTERS 90. 06   09002   MEDCHECK CLINICS		0. 00000		0	90.05
90. 07   09003   KNEE CENTER		1. 47055		0	90.00
90. 08   09004   PALLI ATI VE CARE		12. 22143		0	90.08
90. 10   09006   WORK SITE CLINICS		0.00000		0	90. 10
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE		0.00000		0	90. 12
91. 00   09100   EMERGENCY		0. 21348			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		1. 31648			92.00
OTHER REIMBURSABLE COST CENTERS			, . ,	, .02	1
98. 00 09850 OTHER REIMBURSABLE COST CENTERS		0.00000	00 0	0	98. 00
200.00 Total (sum of lines 50-94 and 96-98)		1	197, 504, 102	48, 313, 039	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)			197, 504, 102		202. 00

Health Financial Systems	COMMUNITY HOSPITAL OF	I NDI ANA,	I NC.	In Lieu of Form CM	IS-2552-10

Health Financial Systems COMMUNITY HOSPITAL OF	I NDI ANA,	I NC.	In Lie	eu of Form CMS-:	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 15-0074	Peri od:	Worksheet D-3	
			From 01/01/2016		
			To 12/31/2016	Date/Time Pre	pared:
				2/27/2017 9:4	4 am
	Ti	tle XIX	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
obst deliter beserver on		To Charges	Program	Program Costs	
		To charges			
			Charges	(col. 1 x col.	
				2)	
		1. 00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			15, 202, 500		30.00
31.00 03100 INTENSIVE CARE UNIT			816, 483		31.00
					1
			761, 647		32.00
43. 00   04300   NURSERY			484, 681		43. 00
ANCILLARY SERVICE COST CENTERS				,	1
50.00   05000   OPERATING ROOM		0. 28469	4 1, 556, 887	443, 236	50.00
51.00   05100   RECOVERY ROOM		0. 28007	9 198, 529	55, 604	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 80972		348, 238	1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		1			1
		0. 25618			1
55. 00   05500   RADI OLOGY-THERAPEUTI C		0. 45798		62, 067	1
57. 00  05700 CT SCAN		0. 07691	7 781, 304	60, 096	57. 00
58.00  05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 14325	1 146, 730	21, 019	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 07308	3 589, 271	43, 066	59. 00
60. 00   06000   LABORATORY		0. 10746	· ·		
64. 00   06400   I NTRAVENOUS THERAPY		0. 77087	· ·		
65. 00   06500   RESPI RATORY THERAPY		0. 41441	1, 346, 564	558, 031	65. 00
66. 00  06600 PHYSI CAL THERAPY		0. 53258	6 162, 586	86, 591	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 50487	0 107, 876	54, 463	67. 00
68. 00 06800 SPEECH PATHOLOGY		0. 49837			
69. 00   06900   ELECTROCARDI OLOGY		0. 17596			
					1
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 33725			1
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29048	0 1, 381, 718	401, 361	71.00
72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS		0. 46232	1 579, 175	267, 765	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 20696			1
74. 00   07400   RENAL DI ALYSI S		0. 44189			1
		1			1
76. 00   03330   ENDOSCOPY		0. 23150			1
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		2. 13701		0	1
76. 03 03951 LUTHERWOOD PARTNERSHI P		4. 92266	8 0	0	76. 03
76. 04  03952 WOUND CARE CENTER		0. 41325	8 4, 790	1, 980	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER		0. 32091	2 96, 518	30, 974	76. 05
76. 06   03953   I MAGI NG CENTERS		0. 24753		0	1
76. 07 03954 BREAST DI AGNOSTI C CENTER		0. 61338		l .	1
i i		1			1
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 72407		660	1
76. 98 O7698 HYPERBARI C OXYGEN THERAPY		0. 34051	7 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS					
88.00  08800 RURAL HEALTH CLINIC		0.00000	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000	0 0	0	89. 00
90. 00   09000   CLI NI C		0.00000		0	
90. 01 04950 DI ABETI C CARE CENTER		0.00000		l ő	
		l l			
90. 02   04951   HEALTHY HEARTS CENTER		1. 43348			
90. 03  09001  CLI NI C		0.00000	0	0	90. 03
90. 04  04953  SPI NE CENTER		0.00000	0	0	
90. 05  04954  I NFUSI ON CENTERS		0. 48437	0 0	0	90.05
90. 06 09002 MEDCHECK CLINICS		0.00000		0	90.06
90. 07   09003   KNEE CENTER		1. 47055		Ō	
					1
90. 08   09004   PALLI ATI VE CARE		12. 22143		0	
90. 10   09006   WORK SITE CLINICS		0.00000		0	
90. 12   04961 FAMILY PRACTICE AND MATERNITY CARE		0.00000	0	0	90. 12
91. 00   09100   EMERGENCY		0. 21348	9 1, 519, 846	324, 470	91.00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		1. 31648			
OTHER REIMBURSABLE COST CENTERS			,		1
98. 00 09850 OTHER REI MBURSABLE COST CENTERS		0.00000	0 0	0	98. 00
		0.00000			
200.00 Total (sum of lines 50-94 and 96-98)	(1: - (1)		16, 476, 836	4, 150, 479	
201.00 Less PBP Clinic Laboratory Services-Program only charges	(IIne 61)	)	0		201. 00
202.00 Net Charges (line 200 minus line 201)		I	16, 476, 836	l	202. 00

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lieu	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 9:44 am

				2/27/2017 9: 4	4 am
		Title XVIII	Hospi tal	PPS	
				1 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1. 00	
1.00	DRG Amounts Other than Outlier Payments			0	1. 00
1. 01	DRG amounts other than outlier payments for discharges occurring	prior to October 1 (s	see	35, 975, 517	1. 01
	instructions)				
1. 02	DRG amounts other than outlier payments for discharges occurring	on or after October 1	(see	11, 298, 074	1. 02
4 00	instructions)				4 00
1. 03	DRG for federal specific operating payment for Model 4 BPCI for (1) (see instructions)	discharges occurring p	orior to October	0	1. 03
1.04	DRG for federal specific operating payment for Model 4 BPCI for	discharges occurring d	n or after	0	1. 04
1.01	October 1 (see instructions)	ar senar ges becarring e	in or artor	G	1.01
2. 00	Outlier payments for discharges. (see instructions)			1, 848, 392	2. 00
2.01	Outlier reconciliation amount			0	2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions	is)		0	2. 02
3.00	Managed Care Simulated Payments			18, 982, 799	3. 00
4. 00	Bed days available divided by number of days in the cost reporting	ng period (see instruc	tions)	297. 84	4. 00
F 00	Indirect Medical Education Adjustment	soont coot reporting r	oniod andina on	2F 01	F 00
5. 00	FTE count for allopathic and osteopathic programs for the most roof before 12/31/1996. (see instructions)	ecent cost reporting p	errod endring on	25. 01	5. 00
6.00	FTE count for allopathic and osteopathic programs which meet the	criteria for an add-o	on to the cap	0. 00	6. 00
0.00	for new programs in accordance with 42 CFR 413.79(e)	or torra ro. an ada c	to the dap	0.00	0.00
7.00	MMA Section 422 reduction amount to the IME cap as specified und	ler 42 CFR §412.105(f)(	1) (i v) (B) (1)	2. 69	7.00
7. 01	ACA Section 5503 reduction amount to the IME cap as specified un	der 42 CFR §412.105(f)	(1) (i v) (B) (2)	0.00	7. 01
	If the cost report straddles July 1, 2011 then see instructions.		_		
8. 00	Adjustment (increase or decrease) to the FTE count for allopathic			-5. 66	8. 00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c) 1998), and 67 FR 50069 (August 1, 2002).	C)(2)(IV), 64 FR 26340	(May 12,		
8. 01	The amount of increase if the hospital was awarded FTE cap slots	under section 5503 of	the ACA If	11. 24	8. 01
0.01	the cost report straddles July 1, 2011, see instructions.	ander section cood of	110 71071. 11	11.21	0.01
8. 02	The amount of increase if the hospital was awarded FTE cap slots	from a closed teachin	g hospi tal	0.00	8. 02
	under section 5506 of ACA. (see instructions)				
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines	(8, 8,01 and 8,02) (s	ee	27. 90	9. 00
10.00	instructions)	6		00.7/	10.00
10. 00 11. 00	FTE count for allopathic and osteopathic programs in the current	year from your record	IS	33. 76	10. 00 11. 00
12. 00	FTE count for residents in dental and podiatric programs.  Current year allowable FTE (see instructions)			31.00	
	Total allowable FTE count for the prior year.			37. 02	
14. 00	Total allowable FTE count for the penultimate year if that year	ended on or after Sept	ember 30, 1997,	34. 82	
	otherwise enter zero.	·			
15. 00	Sum of lines 12 through 14 divided by 3.			34. 28	15. 00
16. 00	Adjustment for residents in initial years of the program			0. 00	
17. 00	Adjustment for residents displaced by program or hospital closure	e			17. 00
18.00	Adjusted rolling average FTE count			34. 28	
20. 00	Current year resident to bed ratio (line 18 divided by line 4).  Prior year resident to bed ratio (see instructions)			0. 115095 0. 123533	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 123333	
22. 00	IME payment adjustment (see instructions)			2, 878, 773	
22. 01	IME payment adjustment - Managed Care (see instructions)			1, 155, 977	
	Indirect Medical Education Adjustment for the Add-on for Section	422 of the MMA	'		
23. 00	Number of additional allopathic and osteopathic IME FTE resident		c. 412.105	0.00	23. 00
	(f)(1)(iv)(C).				
24. 00	IME FTE Resident Count Over Cap (see instructions)			5. 86	
25. 00	If the amount on line 24 is greater than -0-, then enter the low	er of line 23 or line	24 (see	0. 00	25. 00
26. 00	instructions) Resident to bed ratio (divide line 25 by line 4)			0. 000000	26. 00
	IME payments adjustment factor. (see instructions)			0. 000000	
	IME add-on adjustment amount (see instructions)			0	28. 00
	IME add-on adjustment amount - Managed Care (see instructions)			0	28. 01
29. 00	Total IME payment ( sum of lines 22 and 28)			2, 878, 773	29. 00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1, 155, 977	29. 01
	Di sproporti onate Share Adjustment				
	Percentage of SSI recipient patient days to Medicare Part A patie	ent days (see instruct	i ons)	10. 62	
31. 00	Percentage of Medicaid patient days (see instructions)			33. 94	
	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)			44. 56 25. 98	
	Disproportionate share adjustment (see instructions)			3, 070, 420	
2 00	i spesifications		I	3, 5. 6, 120	50

Heal th	Financial Systems COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lie	eu of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0074	Peri od: From 01/01/2016 To 12/31/2016		
		Title XVIII	Hospi tal	PPS	4 (111)
			Prior to 10/1		
			1. 00	2. 00	
	Uncompensated Care Adjustment				
35. 00	Total uncompensated care amount (see instructions)			5, 977, 483, 147	
35. 01	Factor 3 (see instructions)		0. 000603088		
35. 02	Hospital uncompensated care payment (If line 34 is zero, ente (see instructions)	er zero on this line)	3, 863, 472	3, 516, 713	35. 02
35. 03	Pro rata share of the hospital uncompensated care payment amou		2, 892, 326	886, 405	
36. 00	Total uncompensated care (sum of columns 1 and 2 on line 35.03		3, 778, 731	1	36. 00
	Additional payment for high percentage of ESRD beneficiary dis				
40. 00	Total Medicare discharges on Worksheet S-3, Part I excluding c 652, 682, 683, 684 and 685 (see instructions)	discharges for MS-DRGs	0		40. 00
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68 instructions)	33, 684 an 685. (see	0		41. 00
41. 01	Total ESRD Medicare covered and paid discharges excluding MS-Dan 685. (see instructions)	DRGs 652, 682, 683, 684	0		41. 01
42. 00					42. 00
43. 00					
44. 00	4.00 Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 0.000000				44. 00
45. 00	days) Average weekly cost for dialysis treatments (see instructions)	)	0.00		45. 00
46.00	Total additional payment (line 45 times line 44 times line 41.	01)	0		46. 00
47. 00	Subtotal (see instructions)		58, 849, 907		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH, sm only. (see instructions)	mall rural hospitals	0		48. 00
				Amount	
40.00	Total narment for impatient energing eachs (see instructions)			1. 00 60, 005, 884	40.00
49. 00 50. 00	Total payment for inpatient operating costs (see instructions) Payment for inpatient program capital (from Wkst. L, Pt. I and			4, 631, 087	1
50.00	Exception payment for inpatient program capital (West. L. Pt. 1 and			4, 631, 087	51.00
51.00	Direct graduate medical education payment (from Wkst. E-4, lir			624, 799	
53. 00	Nursing and Allied Health Managed Care payment	le 49 see l'istructions).		81, 591	
54. 00	Special add-on payments for new technologies			1, 036	
54. 01	Islet isolation add-on payment			0	54. 01
55. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69	9)		0	55.00
56. 00	Cost of physicians' services in a teaching hospital (see intru			0	56.00
57. 00	Routine service other pass through costs (from Wkst. D, Pt. II		rough 35).	0	57. 00
58. 00	Ancillary service other pass through costs from Wkst. D, Pt. I		3 3 7	147, 215	58. 00
59. 00	Total (sum of amounts on lines 49 through 58)			65, 491, 612	
60.00	Primary payer payments			37, 829	
61. 00	Total amount payable for program beneficiaries (line 59 minus	line 60)		65, 453, 783	61. 00
62.00	Deductibles billed to program beneficiaries	•		4, 529, 760	62.00
63.00	Coinsurance billed to program beneficiaries			45, 724	
64. 00	Allowable bad debts (see instructions)			757, 923	64. 00

492, 650 65.00

0

0

0 70.50

0 70.90

0 70.91

0 70.92

103, 594

-72, 752

66.00

67.00

68.00

69.00

70.00

70.88

70.89

70. 93 70. 94

0 70.95

605, 119

61, 370, 949

66.00

67.00

68.00

70.00

70. 50

70.88

70. 90

70. 91

70. 94

65.00 Adjusted reimbursable bad debts (see instructions)

OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)

Bundled Model 1 discount amount (see instructions)

HVBP payment adjustment amount (see instructions)

SCH or MDH volume decrease adjustment

HRR adjustment amount (see instructions)

RURAL DEMONSTRATION PROJECT

70.95 Recovery of accelerated depreciation

Allowable bad debts for dual eligible beneficiaries (see instructions) Subtotal (line 61 plus line 65 minus lines 62 and 63)

Pioneer ACO demonstration payment adjustment amount (see instructions)

HSP bonus payment HVBP adjustment amount (see instructions)

HSP bonus payment HRR adjustment amount (see instructions)

Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)

Outlier payments reconciliation (sum of lines 93, 95 and 96) (For SCH see instructions)

Heal th	Financial Systems COMMUNITY HOSPITAL OF	ΙΝΠΙΔΝΔ ΙΝ	ıc	In lie	u of Form CMS-2	2552_10
		Provi der Co		Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A	pared:
		Title	XVIII	Hospi tal	PPS	
			FFY	(yyyy)	Amount	
				0	1. 00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column 0		0	0	70. 96
	the corresponding federal year for the period prior to 10/1)					
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in			0	0	70. 97
	the corresponding federal year for the period ending on or af	ter 10/1)				
70. 98	Low Volume Payment-3				0	, 0. , 0
70. 99	HAC adjustment amount (see instructions)				0	70. 99
71. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 6	69 & 70)			61, 401, 791	
71. 01	Sequestration adjustment (see instructions)				1, 228, 036	
72. 00	Interim payments				60, 437, 329	
73. 00	Tentative settlement (for contractor use only)				0	
	Balance due provider (Program) (line 71 minus lines 71.01, 72,				-263, 574	
75. 00	Protested amounts (nonallowable cost report items) in accordan	nce with			11, 601, 563	75. 00
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				_	
	Operating outlier amount from Wkst. E, Pt. A, line 2 (see ins	tructions)			0	
91. 00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.00
92. 00	Operating outlier reconciliation adjustment amount (see instru	uctions)			0	92. 00
	Capital outlier reconciliation adjustment amount (see instruc				0	93. 00
94. 00	The rate used to calculate the time value of money (see instru	uctions)			0. 00	
	Time value of money for operating expenses (see instructions)				0	95. 00
96. 00	Time value of money for capital related expenses (see instruc	tions)		1	0	96. 00
				Prior to 10/1		
	HSP Ropus Payment Amount			1. 00	2. 00	

	1. 00	2. 00	
HSP Bonus Payment Amount			
100.00 HSP bonus amount (see instructions)	0	0	100.00
HVBP Adjustment for HSP Bonus Payment			
101.00 HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00 HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment			
103.00 HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00 HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

Health Financial Systems	COMMUNITY HOSPITAL OF	INDIANA, INC.	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Peri od: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared:

			To 12/31/2016	Date/Time Pre 2/27/2017 9:4	
		Title XVIII	Hospi tal	PPS	4 alli
				1 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1. 00	
1.00	Medical and other services (see instructions)			74, 677	1. 00
2.00	Medical and other services reimbursed under OPPS (see instruc-	ti ons)		80, 449, 765	
3.00	PPS payments			55, 762, 038	1
4. 00 5. 00	Outlier payment (see instructions) Enter the hospital specific payment to cost ratio (see instruc	ctions)		510, 937 0. 000	1
6. 00	Line 2 times line 5	211 0113)		0.000	1
7. 00	Sum of line 3 plus line 4 divided by line 6			0.00	1
8.00	Transitional corridor payment (see instructions)			0	8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. I	IV, col. 13, line 200		355, 774	1
10.00	Organ acquisitions			0	
11. 00	Total cost (sum of lines 1 and 10) (see instructions)  COMPUTATION OF LESSER OF COST OR CHARGES			74, 677	11. 00
	Reasonable charges				1
12. 00	Ancillary service charges			322, 185	1
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii	ne 69)		0	13. 00
14. 00	Total reasonable charges (sum of lines 12 and 13)			322, 185	14. 00
15. 00	Customary charges Aggregate amount actually collected from patients liable for patients and actually collected from patients liable for patients.	navment for services on	a charge basis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for			0	
	had such payment been made in accordance with 42 CFR §413.13(e		J		
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	1
18.00	Total customary charges (see instructions)		44) (	322, 185	
19. 00	Excess of customary charges over reasonable cost (complete onlinstructions)	y if line 18 exceeds li	ne 11) (see	247, 508	19. 00
20. 00	Excess of reasonable cost over customary charges (complete onl	vifline 11 exceeds li	ne 18) (see	0	20. 00
	instructions)	,	, (		
21. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see	e instructions)		74, 677	1
22. 00	Interns and residents (see instructions)			0	
23. 00 24. 00	Cost of physicians' services in a teaching hospital (see instituted prospective payment (sum of lines 3, 4, 8 and 9)	ructions)		0 56, 628, 749	
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			50, 020, 749	24.00
25. 00					25. 00
26. 00	Deductibles and Coinsurance relating to amount on line 24 (for	r CAH, see instructions)		10, 502, 314	26. 00
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) p	olus the sum of lines 22	and 23] (see	46, 196, 213	27. 00
28. 00	<pre>instructions) Direct graduate medical education payments (from Wkst. E-4, li</pre>	ne 50)		534, 375	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	THE 30)		0 0	1
30. 00	Subtotal (sum of lines 27 through 29)			46, 730, 588	1
31.00	Pri mary payer payments			5, 321	31. 00
32. 00				46, 725, 267	32. 00
22 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE Composite rate ESRD (from Wkst. I-5, line 11)	CES)		0	33.00
34. 00	Allowable bad debts (see instructions)			1, 037, 103	
35. 00	Adjusted reimbursable bad debts (see instructions)			674, 117	1
36.00	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		822, 440	1
37. 00	Subtotal (see instructions)			47, 399, 384	
	MSP-LCC reconciliation amount from PS&R			53	1
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	- >		0	1
39. 50 39. 98	Prioneer ACO demonstration payment adjustment (see instructions Partial or full credits received from manufacturers for replacements of the priority of the pr		tions)	0	1
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	Led devices (see ilistide	ti ons)	0	
40. 00	Subtotal (see instructions)			47, 399, 331	1
40. 01	Sequestration adjustment (see instructions)			947, 987	1
41.00	Interim payments			46, 408, 941	41. 00
42. 00	Tentative settlement (for contractors use only)			0	
43.00	Balance due provider/program (see instructions)	with ONC Dub. 15 2		42, 403	1
44. 00	Protested amounts (nonallowable cost report items) in accordar §115.2	ice with this Pub. 15-2,	chapter I,	0	44. 00
	TO BE COMPLETED BY CONTRACTOR				1
90.00	Original outlier amount (see instructions)			0	1
91. 00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00	The rate used to calculate the Time Value of Money				92.00
93. 00 94. 00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	1
74.00	Total (Sum of Fines / Edia 75)				1 /4.00

46, 451, 344

NPR Date (Mo/Day/Yr)

2 00

7.00

8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0074 Peri od: Worksheet E-1 From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Title XVIII Hospi tal PPS Part B Inpatient Part A mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 60, 196, 129 46, 184, 141 1. 00 2.00 Interim payments payable on individual bills, either 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment 3.00 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 07/12/2016 241, 200 07/12/2016 199, 500 3.01 10/26/2016 3.02 25, 300 3.02 3.03 3.03 0 0 3.04 0 0 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 0 3.51 0 3.51 0 0 3.52 3.52 0 3.53 3.53 0 3.54  $\cap$ Λ 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 241, 200 224, 800 3.99 3.50-3.98) 60, 437, 329 46, 408, 941 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after 5.00 desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 TENTATIVE TO PROVIDER 0 0 5.01 5.02 0 0 5.02 0 5.03 0 5.03 Provider to Program 5.50 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 0 5.52 0 5.52 5. 99 0 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5.99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on 6.00 the cost report. (1) SETTLEMENT TO PROVIDER 6.01 42, 403 6.01 6 02 SETTLEMENT TO PROGRAM 263, 574 6.02

60, 173, 755

0

Contractor

Number

1 00

7.00

8.00 Name of Contractor

Total Medicare program liability (see instructions)

Heal th	Financial Systems COMMUNITY HOSPITAL	OF INDIANA. INC.	In Lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0074	Peri od: From 01/01/2016 To 12/31/2016		
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATI				
1.00	Total hospital discharges as defined in AARA §4102 from Wks		e 14	16, 241	1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1,	8-12		22, 948	2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8, 632	3. 00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12		70, 693	4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2, 009, 466, 270	5. 00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3	Bline 20		3, 342, 653	6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase of line 168	certified HIT technology	Wkst. S-2, Pt. I	0	7. 00
8.00	Calculation of the HIT incentive payment (see instructions)			0	8. 00
9.00	Sequestration adjustment amount (see instructions)			ol	9. 00
10.00	Calculation of the HIT incentive payment after sequestration	on (see instructions)		ol	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0	30. 00
31.00	Other Adjustment (specify)			ol	31. 00
22 00	Polance due provider (line 0 (er line 10) minus line 20 and	llina 21) (aaa inatmustian	20)	ا ما	22 00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

0 30.00 0 31.00 0 32.00

RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider C		Period:	Worksheet E-4	
	L EDUCATION COSTS			From 01/01/2016 To 12/31/2016	Date/Time Pre	
		Ti +Lo	e XVIII	Hospi tal	2/27/2017 9: 4 PPS	4 am
		II tie	: AVIII	поѕрі таі	PPS	
					1. 00	
00	COMPUTATION OF TOTAL DIRECT GME AMOUNT Unweighted resident FTE count for allopathic and osteopathic	arograms for	cost reporti	ng pori ods	26. 92	   1. (
00	ending on or before December 31, 1996.	or ograms ror	cost reporti	ng perrous	20. 92	1. (
00	Unweighted FTE resident cap add-on for new programs per 42 CFI		1) (see instr	ructions)	0. 00	2. (
00 01	Amount of reduction to Direct GME cap under section 422 of MMD Direct GME cap reduction amount under ACA §5503 in accordance		) \$412 70 (m)	(500	2. 82 0. 00	
O I	instructions for cost reporting periods straddling 7/1/2011)	WI til 42 CIN	(III).	(366	0.00	3. \
00	Adjustment (plus or minus) to the FTE cap for allopathic and		programs due	to a Medicare	-5. 66	4.
01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) ACA Section 5503 increase to the Direct GME FTE Cap (see insti		cost reporti	na periods	10. 16	4.
0.	straddling 7/1/2011)	detrons roi	cost reporti	ing periods	10. 10	
02	ACA Section 5506 number of additional direct GME FTE cap slots	s (see inst	ructions for	cost reporting	0. 00	4.
00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu	us or minus	line 4 plus l	ines 4.01 and	28. 60	5.
	4.02 plus applicable subscripts		•			
00	Unweighted resident FTE count for allopathic and osteopathic precords (see instructions)	programs for	the current	year from your	33. 76	6.
00	Enter the lesser of line 5 or line 6				28. 60	7.
			Primary Care		Total	
00	Weighted FTE count for physicians in an allopathic and osteopa	athi c	1.00	2. 00 76 2. 01	3. 00 35. 77	8.
00	program for the current year.	atin C	33. /	2.01	33.77	0.
00	If line 6 is less than 5 enter the amount from line 8, otherwi		28. 6	1. 70	30. 30	9.
	multiply line 8 times the result of line 5 divided by the amount 6.	unt on line				
. 00	Weighted dental and podiatric resident FTE count for the curre	,		3. 10		10.
. 01	Unweighted dental and podiatric resident FTE count for the cu	rrent year	20.	3. 10		10.
. 00	Total weighted FTE count Total weighted resident FTE count for the prior cost reporting	n vear (see	28. 6 30. 0			11. 12.
	instructions)	, ,				
. 00	Total weighted resident FTE count for the penultimate cost representations	porting	33.7	1. 77		13.
. 00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	30. 7	78 2. 30		14.
. 00	Adjustment for residents in initial years of new programs	,	0.0			15.
. 01	Unweighted adjustment for residents in initial years of new productions of the production of the produ		0.0			15.
. 00 . 01	Adjustment for residents displaced by program or hospital clos Unweighted adjustment for residents displaced by program or ho		0. (			16. 16.
. 01	closure	ospi tai	0.0	0.00		'0.
. 00	Adjusted rolling average FTE count		30. 7			17.
. 00	Per resident amount Approved amount for resident costs		81, 956. 6 2, 522, 62		2, 711, 126	18.
. 00	Approved amount for resident costs		2, 322, 02	100, 300	2, 711, 120	17.
	TALLEY TO THE TALL TH	FF ' ' '			1.00	00
. 00	Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)	IE resident	cap slots red	ceivea under 42	0. 00	20.
. 00	Direct GME FTE unweighted resident count over cap (see instruc	ctions)			5. 16	21.
00	Allowable additional direct GME FTE Resident Count (see instru	,			0.00	
00	Enter the locally adjustment national average per resident amountiply line 22 time line 23	ount (see in	istructions)		0.00	•
	Total direct GME amount (sum of lines 19 and 24)				2, 711, 126	
			Inpatient Par	t Managed care		
			1. 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD			2.00	0.00	
. 00	Inpatient Days (see instructions)		22, 94			26.
00	Total Inpatient Days (see instructions) Ratio of inpatient days to total inpatient days		71, 00			27. 28.
. 00	Program direct GME amount		0. 32317 876, 16			28. 29.
. 00	Reduction for direct GME payments for Medicare Advantage			46, 569		30.
	Net Program direct GME amount		1	1	1, 159, 174	1 24

llool +b	Financial Cyctoms COMMUNITY HOCDITAL OF	LINDLANA LINC	la li o	u of Form CMS-2	DEE2 10
	Financial Systems COMMUNITY HOSPITAL OF GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0074	Period:	Worksheet E-4	
	L EDUCATION COSTS	11 001 del CCN. 13-0074	From 01/01/2016	WOLKSHEET L-4	
MEDI OF	L EDUCATION GOSTS		To 12/31/2016	Date/Time Prep 2/27/2017 9:44	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE EDUCATION COSTS)	E XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	d 23, lines 74	0	32. 00
33. 00		I col 8 sum of lines	74 and 94)	3, 404, 295	33 00
	Ratio of direct medical education costs to total charges (line		71 dild 71)	0.000000	
	Medicare outpatient ESRD charges (see instructions)	0 02 1 11110 00)		0.000000	
	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII		'		
	Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			94, 597, 998	37. 00
38. 00				0	
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	07.00
	Primary payer payments (see instructions)			37, 829	
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minus	s line 40)		94, 560, 169	41. 00
	Part B Reasonable Cost				
	Reasonable cost (see instructions)			80, 880, 216	
43.00	1 3 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1			5, 321	
44. 00				80, 874, 895	
	Total reasonable cost (sum of lines 41 and 44)	- 44   15 45		175, 435, 064	
	Ratio of Part A reasonable cost to total reasonable cost (line Ratio of Part B reasonable cost to total reasonable cost (line			0. 539004 0. 460996	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART			0. 460996	47.00
48 NO	Total program GME payment (line 31)	VI D		1, 159, 174	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		624, 799	
	Part B Medicare GME payment (line 47 x 48) (title XVIII only)			534, 375	
30.00	Trait b mean care owne payment (Trine 47 x 40) (tritle XVIII only)	(300 111311 4011 0113)	I	337, 373	30.00

Health Financial Systems

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provi der CCN: 15-0074

Peri od: Worksheet G From 01/01/2016 To 12/31/2016 Date/Time Prepared: 2/27/2017 9:44 am

oni y)					2/27/2017 9: 4	4 am
		General Fund		Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	333, 984			0	
2.00	Temporary investments	55.043	0	0	0	
3. 00 4. 00	Notes recei vabl e Accounts recei vabl e	55, 067 73, 978, 215		0	0	
5.00	Other recei vable	6, 809, 406	1	0	0	
6. 00	Allowances for uncollectible notes and accounts receivable	-22, 725, 557	1	0	0	
7. 00	Inventory	8, 670, 223	1	0	0	1
8.00	Prepai d expenses	133, 954	0	0	0	8. 00
9.00	Other current assets	31, 834, 225		-	0	
10. 00	Due from other funds	0	_	-	0	1
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	99, 089, 517	0	0	0	11. 00
12. 00	Land	4, 453, 049	0	0	0	12. 00
13. 00	Land improvements	4, 335, 982	1		0	1
14. 00	Accumul ated depreciation	0	Ö	_	0	
15.00	Bui I di ngs	340, 966, 007	0	0	0	15. 00
16. 00	Accumulated depreciation	C	0	0	0	16. 00
17. 00	Leasehold improvements	8, 359, 504	0	0	0	
18. 00	Accumulated depreciation	0	0	0	0	
19. 00 20. 00	Fixed equipment	167, 955, 704	0	0	0	1
21. 00	Accumulated depreciation Automobiles and trucks		0	0	0	1
22. 00	Accumulated depreciation		Ö	_	0	
23. 00	Major movable equipment	71, 697			0	
24.00	Accumulated depreciation	-320, 182, 192	1	0	0	24. 00
25. 00	Mi nor equi pment depreci abl e	C	0	0	0	25. 00
26. 00	Accumulated depreciation	0	0	0	0	
27. 00	HIT designated Assets	0	0	0	0	
28. 00 29. 00	Accumulated depreciation Minor equipment-nondepreciable		0	-	0	
30.00	Total fixed assets (sum of lines 12-29)	205, 959, 751		-	0	
30. 00	OTHER ASSETS	203, 737, 731		J		30.00
31.00	Investments	230, 418	0	0	0	31.00
32. 00	Deposits on Leases	C	0	0	0	32. 00
33. 00	Due from owners/officers	0	0	0	0	1
34. 00	Other assets	15, 277, 471	1	_	0	
35. 00	Total other assets (sum of lines 31-34)	15, 507, 889	1		0	
36. 00	Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES	320, 557, 157	0	U	0	36. 00
37. 00	Accounts payable	4, 056, 603	0	0	0	37. 00
38. 00	Sal ari es, wages, and fees payable	-1, 078	1		0	1
39. 00	Payroll taxes payable	0	0	0	0	39. 00
40.00	Notes and Loans payable (short term)	0	0	0	0	
41.00	Deferred income	0	0	0	0	
42.00	Accel erated payments Due to other funds	0		0		42.00
43. 00 44. 00	Other current liabilities	3, 990, 405	0		0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	8, 045, 930	1	_		45. 00
10.00	LONG TERM LIABILITIES	270107700				1 .0.00
46.00	Mortgage payable	C	0	0	0	46. 00
47. 00	Notes payable	0	l .		0	1
48. 00	Unsecured Loans	0	0		0	1
49. 00	Other long term liabilities	108, 245	ı	0	0	1
50. 00 51. 00	Total long term liabilities (sum of lines 46 thru 49) Total liabilities (sum of lines 45 and 50)	108, 245 8, 154, 175	1		0	
31.00	CAPITAL ACCOUNTS	0, 134, 173	<u> </u>		0	31.00
52.00	General fund balance	312, 402, 982				52.00
53.00	Specific purpose fund		0			53. 00
54.00	Donor created - endowment fund balance - restricted			0		54. 00
55. 00	Donor created - endowment fund balance - unrestricted			0		55. 00
56.00	Governing body created - endowment fund balance			0	_	56.00
57. 00 58. 00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	1
58. 00	replacement, and expansion					30.00
59. 00	Total fund balances (sum of lines 52 thru 58)	312, 402, 982	o	0	0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	320, 557, 157	1	0	0	60.00
	[59]	l				

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu of Form CMS-2552-10 Provider CCN: 15-0074 

				''	0 12/31/2010	2/27/2017 9: 4	
		General	Fund	Speci al Pu	rpose Fund	Endowment Fund	
		1.00	2.00	3.00	4. 00	5. 00	
1.00	Fund balances at beginning of period		352, 755, 084		0		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-40, 352, 104				2. 00
3.00	Total (sum of line 1 and line 2)		312, 402, 980		0		3. 00
4.00	Additions (credit adjustments) (specify)	0		0		0	4. 00
5.00		0		0		0	5. 00
6.00		0		0		0	6. 00
7.00		0		0		0	7. 00
8.00		0		0		0	8. 00
9.00		0		0		0	9. 00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11. 00	Subtotal (line 3 plus line 10)		312, 402, 980		0		11. 00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	
14.00		0		0		0	14. 00
15. 00		0		0		0	15. 00
16. 00		0		0		0	16. 00
17. 00		0		0		0	17. 00
18. 00	Total deductions (sum of lines 12-17)		0		0		18. 00
19. 00	Fund balance at end of period per balance		312, 402, 980		0		19. 00
	sheet (line 11 minus line 18)	Endowment Fund	PI ant	From al			
		Endownient Fund	PLAIIL	Fullu			
		6. 00	7. 00	8.00			
1.00	Fund balances at beginning of period	0		0			1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2. 00
3.00	Total (sum of line 1 and line 2)	0		0			3. 00
4.00	Additions (credit adjustments) (specify)		0				4. 00
5.00			0				5. 00
6.00			0				6. 00
7.00			0				7. 00
8.00			0				8. 00
9.00			0				9. 00
10.00	Total additions (sum of line 4-9)	0		0			10. 00
11. 00	Subtotal (line 3 plus line 10)	0		0			11. 00
12. 00	Deductions (debit adjustments) (specify)		0				12. 00
13. 00			0				13.00
14. 00			0				14. 00
15. 00			0				15. 00
16.00			0				16.00
17. 00	T		0	_			17. 00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19. 00	Fund balance at end of period per balance	0					19. 00
	sheet (line 11 minus line 18)	1		I			

From 01/01/2016 Parts I & II Date/Time Prepared: 12/31/2016 2/27/2017 9:44 am Cost Center Description Inpati ent Outpati ent Total 1.00 2. 00 3.00 PART I - PATIENT REVENUES General Inpatient Routine Services 1.00 Hospi tal 122, 472, 068 122, 472, 068 1.00 2.00 SUBPROVIDER - IPF 2.00 SUBPROVIDER - IRF 3.00 3.00 4.00 SUBPROVI DER 4.00 5.00 Swing bed - SNF 0 0 5.00 Swing bed - NF 6.00 0 6.00 SKILLED NURSING FACILITY 7.00 7.00 8.00 NURSING FACILITY 8.00 9.00 OTHER LONG TERM CARE 9.00 10.00 Total general inpatient care services (sum of lines 1-9) 122, 472, 068 122, 472, 068 10 00 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 28, 410, 735 28, 410, 735 11.00 12.00 CORONARY CARE UNIT 17, 255, 691 17, 255, 691 12.00 BURN INTENSIVE CARE UNIT 13 00 13 00 14.00 SURGICAL INTENSIVE CARE UNIT 14.00 15.00 OTHER SPECIAL CARE (SPECIFY) 15.00 Total intensive care type inpatient hospital services (sum of lines 16, 00 45, 666, 426 45, 666, 426 16,00 11 - 15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 168, 138, 494 168, 138, 494 17.00 Ancillary services 495, 754, 715 1, 429, 520, 545 1, 925, 275, 260 18.00 18.00 19.00 Outpatient services 19.00 C RURAL HEALTH CLINIC 20.00 0 0 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 21.00 22.00 HOME HEALTH AGENCY 22.00 23.00 AMBULANCE SERVICES 23.00 24.00 CMHC 24.00 25.00 AMBULATORY SURGICAL CENTER (D. P.) 25.00 26.00 HOSPI CE 26.00 27.00 NURSERY/PRO FEES/NR REVENUE 15, 246, 926 20. 325. 448 35, 572, 374 27.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 1, 449, 845, 993 2, 128, 986, 128 28.00 679, 140, 135 28.00 G-3, line 1) PART II - OPERATING EXPENSES 29.00 Operating expenses (per Wkst. A, column 3, line 200) 790, 174, 130 29.00 0 30.00 30.00 0 31.00 31.00 0 32.00 32.00 0 33.00 33.00 0 34.00 34.00 35.00 0 35.00 36.00 Total additions (sum of lines 30-35) 0 36.00 37.00 37.00 BAD DEBT 41, 130, 246 38.00 0 38.00 39.00 0 39.00 40.00 0 40.00 0 41.00 41.00 Total deductions (sum of lines 37-41) 42.00 41, 130, 246 42.00 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 749, 043, 884 43.00

Provider CCN: 15-0074

Peri od:

to Wkst. G-3, line 4)

Heal th	Financial Systems COMMUNITY HOSPITAL	_ OF INDIANA, INC.	In Lie	eu of Form CMS-	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0074		Worksheet G-3	
			From 01/01/2016		
			To 12/31/2016	Date/Time Pre	pared:
				2/27/2017 9: 4	4 am
				1. 00	
1. 00	Total patient revenues (from Wkst. G-2, Part I, column 3,	line 28)		2, 128, 986, 128	1. 00
2.00	Less contractual allowances and discounts on patients' acc	counts		1, 442, 273, 686	2.00
3.00	Net patient revenues (line 1 minus line 2)			686, 712, 442	3.00

	To 12/31/2016	Date/Time Prep 2/27/2017 9: 44	
		1 00	
1 00	Tatal actions are severe (form West C 2 Double action 20)	1.00	1 00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2, 128, 986, 128	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1, 442, 273, 686	
3.00	Net patient revenues (line 1 minus line 2)	686, 712, 442	
4. 00 5. 00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	749, 043, 884	
5.00	Net income from service to patients (line 3 minus line 4)  OTHER INCOME	-62, 331, 442	5. 00
6. 00	Contributions, donations, beguests, etc	0	6. 00
7. 00	Income from investments	199, 323	
8. 00	Revenues from telephone and other miscellaneous communication services	199, 323	
9. 00	Revenue from television and radio service	0	9. 00
10. 00	Purchase di scounts	0	10. 00
11. 00	Rebates and refunds of expenses	0	11. 00
12. 00	Parking Lot receipts	0	12. 00
13. 00	Revenue from Laundry and Linen service	ا	13. 00
14. 00	Revenue from meals sold to employees and quests	489, 645	
15. 00	Revenue from rental of living quarters	0	
16. 00	Revenue from sale of medical and surgical supplies to other than patients	ا	16. 00
17. 00	Revenue from sale of drugs to other than patients	ام	17. 00
18. 00	Revenue from sale of medical records and abstracts	16, 737	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)	l ol	
20. 00	Revenue from gifts, flowers, coffee shops, and canteen	o	20. 00
21.00	Rental of vending machines	o	21. 00
22.00	Rental of hospital space	185, 955	22. 00
23.00	Governmental appropriations	0	23. 00
24.00	OTHER (SPECIFY)	21, 087, 678	24. 00
25.00	Total other income (sum of lines 6-24)	21, 979, 338	25. 00
26.00	Total (line 5 plus line 25)	-40, 352, 104	26. 00
27.00	OTHER EXPENSES (SPECIFY)	0	27. 00
28. 00	Total other expenses (sum of line 27 and subscripts)	0	28. 00
29. 00	Net income (or loss) for the period (line 26 minus line 28)	-40, 352, 104	29. 00

Heal th	Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC.	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B Provider CCN: 15-0074	Peri od:	Worksheet I-5	
		From 01/01/2016		
		To 12/31/2016		
			2/27/2017 9:4	4 am
		1. 00	2. 00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	1.00	2.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	
2. 01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)		_	2. 01
2. 02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2. 02
2. 03	Total payment due (see instructions)	0	0	
2. 04	Outlier payments	0	_	2. 04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3. 01	Deductibles billed to Medicare (Part B) patients (see instructions)			3. 01
3. 02	Deductibles billed to Medicare (Part B) patients (see instructions)			3. 02
3. 03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	1
4. 01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4. 01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4. 02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4. 03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5. 00
5. 01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad deb	t 0	0	5. 01
	recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad deb	t 0	0	5. 02
	recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad deb	t 0	0	5. 03
	recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for	0	0	5. 04
	services rendered on or after 1/1/2014			
5. 05	Total bad debts (sum of line 5 through line 5.04)	0	0	
6.00	Allowable bad debts (see instructions)	0		6. 00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7. 00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see	0	0	8. 00
	instructions)	_	_	
9.00	Program payment (see instructions)	0	0	
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	_		10.00
11. 00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11. 00
40.0-	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE	_		1.0.05
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0. 000000		14. 00

	Financial Systems COMMUNITY HOSPITAL	OF INDIANA, INC.	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0074	Peri od: From 01/01/2016	Worksheet L Parts I-III	
			To 12/31/2016	Date/Time Pre	pared:
				2/27/2017 9: 4	4 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
1. 00	Capital DRG other than outlier			3, 799, 832	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	1. 01
2.00	Capital DRG outlier payments			279, 900 0	
2. 01 3. 00	Model 4 BPCI Capital DRG outlier payments Total inpatient days divided by number of days in the cost	reporting period (see ins	tructions)	195. 43	2. 01 3. 00
4. 00	Number of interns & residents (see instructions)	reporting period (see ins	iructrons)	34. 28	4.00
5. 00	Indirect medical education percentage (see instructions)			5. 07	5. 00
6. 00	Indirect medical education adjustment (multiply line 5 by 1 1.01)(see instructions)	the sum of lines 1 and 1.0	I, columns 1 and	192, 651	6. 00
7. 00	Percentage of SSI recipient patient days to Medicare Part A 30) (see instructions)	A patient days (Worksheet I	E, part A line	10. 62	7. 00
8. 00	Percentage of Medicaid patient days to total days (see inst	tructions)		33. 94	8.00
9. 00	Sum of lines 7 and 8	,		44. 56	9. 00
10. 00	Allowable disproportionate share percentage (see instruction	ons)		9. 44	10.00
11. 00	Disproportionate share adjustment (see instructions)			358, 704	11. 00
12. 00	Total prospective capital payments (see instructions)			4, 631, 087	12. 00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1. 00 2. 00	Program inpatient routine capital cost (see instructions)			0	1.00
2. 00 3. 00	Program inpatient ancillary capital cost (see instructions) Total inpatient program capital cost (line 1 plus line 2)	)		0	2. 00 3. 00
4. 00	Capital cost payment factor (see instructions)			0	4.00
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
1. 00	Program inpatient capital costs (see instructions)			0	1.00
2. 00	Program inpatient capital costs for extraordinary circumsta	ances (see instructions)		0	2. 00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	!+		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see Adjustment to capital minimum payment level for extraordina		( lino 4)	0.00	6.00
7. 00	Aujustillerit to capital minimum payment revei for extraordina	ary circumstances (iine 2 :	CITIE 6)	0	7.00

0

0

0 12.00

0 13.00 0 14.00

0 15.00

0 16.00

0 17.00

9. 00 10. 00

11.00

9.00

12.00

13.00

14.00

Capital minimum payment level (line 5 plus line 7)

(if line 12 is negative, enter the amount on this line)

17.00 Current year exception offset amount (see instructions)

15.00 Current year allowable operating and capital payment (see instructions)
16.00 Current year operating and capital costs (see instructions)

Worksheet L, Part III, line 14)

Current year capital payments (from Part I, line 12, as applicable)

10.00 | Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)

Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)

Current year exception payment (if line 12 is positive, enter the amount on this line)

Carryover of accumulated capital minimum payment level over capital payment for the following period

11.00 Carryover of accumulated capital minimum payment level over capital payment (from prior year